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HIV Prevention Planning Council Meeting
Thursday, January 13, 2005
3:00-6:00 pm

City Hall, Mayor's Conference Room, Room 201
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Gayle Burns, Israel Nieves-Rivera, and Steven Tierney

3:00 pm	**Welcome, Introductions, and Announcements**	**Israel Nieves-Rivera**
3:15 pm	**Presentation of the Posters from the "Open Up" Safe Sex Poster contest**	**Buzz Bense**
3:20 pm	**Review and Approval of Minutes of December 9, 2004** *(VOTE)*	**Israel Nieves-Rivera**
3:25 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business	**Israel Nieves-Rivera**
3:35 pm	**Member Response to Public Comment**	**All**
3:40 pm	**HPPC Co-Chairs/Steering Committee Report** To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. The Co-Chairs will make a motion that the current Co-Chairs represent the jurisdiction at UCHAPS and that the last Community Co-Chair (if still on the HPPC) would be the alternate for the Community Co-Chairs. *(VOTE)*	**Israel Nieves-Rivera**
3:50 pm	**Update on HIV in San Francisco:** Dr. McFarland will provide an update on HIV data to the HPPC. The council will review the priorities set in the 2004 HIV Prevention Plan and identify areas for follow up in 2005. These issues will be considered for the Parking Lot for future agendas.	**Willi McFarland, Co-Chief of HIV/AIDS Epidemiology and Statistics**
4:30 pm	***Break***	
4:45 pm	**Committee Work 2005:** Members will meet in committees and 1) begin discussion of the committee work, 2) set meeting times, 3) elect chair or co-chairs. The four committees will be Membership/Community Liaison, Prevention with Positives, Substance Use and HIV Risk, and Youth.	**All**
5:40 pm	**Report Back from Committees**: A committee representative will report back to the council, the committee selection of chair and meeting times.	**All**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Israel Nieves-Rivera**

Note: All meetings are open to the public and are held in handicapped accessible facilities Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Steering: Thursday, January 27, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Full Council: Thursday, February 10, 2005, 3:00 – 6:00 PM, TBA

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HIV PREVENTION PLANNING COUNCIL

Minutes

January 13, 2005

The next HPPC meeting will be held on **Thursday, February 10, 2005**
3:00 - 6:00 p.m.
City Hall, Room 201, San Francisco.

Members Present:
Barbara Adler
Angie Beyer
Matthew Blanchard
Gayle Burns
Edward Byrom
Chadwick Campbell
Rafael Cañadas
Aaron Cohen
Michael Cooley
Michael Discepola
Thomas Ganger
Catherine Geanuracos
Steve Gibson
Tamika Gonzales
Matt Jennings
Tom Kennedy
Thomas Knoble
Derrick Mapp
Joani Marinoff
Tuck Mayo
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Ken Pearce
Perry Rhodes III
Andre Robertson

continued..
Gail Sanobria
Ken Vail
Abbie Zimmerman

Members Absent:
Robert Gomez
Katie Jambor
Janetta Johnson
Mike Schement
Gwen Smith
Frank Strona
Steven Tierney

HIV Prevention Section:
Vincent Fuqua
Betty Chan Lew
Elizabeth Davis
Eileen Loughran
Tracey Packer
Mike Pendo
Lisa Reyes
Jen Sarche
Guillermo Gonzalez

Guests:
Matthew Bajko - Bay Area Reporter
Buzz Bense, Club EROS
Nathan Costello - Native American AIDS Project (NAAP)
Melenie M. Eleneke - FTFA
Vida Edwards - Reaching Out
Joshua L. Martinez - Hope's Voice
Willi McFarland - HIV/AIDS Epidemiology and Statistics, San Francisco Department of Public Health (SFDPH)
Todd Murray - Hope's Voice
Jack Newby - Health Services Planning Council (HSPC)
Stephan Oxendine
Priscilla Perez - DHS-Office of AIDS
Ramon Ramirez - AIDS Health Foundation/Magic Johnson Clinic (AHF)
Jooquin Sanchez - (AHF)

Process Evaluation Team:
Alison Wakefield

Harder + Co.:
Kym Dorman

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Welcome, Introductions, and Announcements

The meeting was called to order by Co-Chair Israel Nieves-Rivera at 3:02 PM. He welcomed members and guests to the opening of the HPPC's 2005 term. He then explained the responsibilities, including facilitating Council meetings, rotate between the three Co-Chairs. He noted that this meeting would have been Steven Tierney's turn to facilitate, but that he was in Atlanta at a meeting with the Centers for Disease Control and Prevention (CDC). He invited attendees to introduce themselves, make announcements, and comment on the 'Ice-breaker.' Joani Marinoff announced that San Francisco City College has produced six posters for the African-American History Month with an HIV prevention focus.

⇨ She will distribute the contents by email and recipients can print them out.

- John Newmeyer distributed copies of two articles :

- "*Time to declare war on crystal,*" Bay Area Reporter, (date unknown); and
- "*This Is Your Brain on Meth: A 'Forest Fire' of Damage,*" New York Times, (date unknown).

Copies of these documents are available to absent members upon request.

- Marcel Miranda reminded attendees that Monday (01/17/05) is Martin Luther King, Jr. Day and that there will be a celebration at the Civic Auditorium at noon.

Presentation of the Posters from the "Open Up" Safe Sex Poster Contest

Israel Nieves-Rivera introduced Buzz Bense who provided an overview of the recent the Open Up Safe Sex Poster Contest, including the following.

- Project co-sponsored by Club Eros, Better World Advertising, the Bay Area Reporter (BAR), and Magnet.
- He highlighted that private funding enables the posters' contents to be open, and not take into account restrictions from funders such as the Centers for Disease Control (CDC) and other governmental agencies/review committees.
- The contest's first prize was $500, and there were also prizes for the 2nd, 3rd, 4th, and 5th runners-up.
- Better World Advertising created a "*Call for Entries*" poster - which was widely distributed as well as printed twice in the BAR.
- Over 24 entries were received ranging from '*cut-and-paste*' to very professional graphics.
  - ⇨ He noted that a number of entries included language that would have been out of the question for other funders, but only one pictured a penis.
- The five winning entries were displayed.
  - ⇨ 5th Runner-up dealt with serostatus disclosure and included the use of cards on which people check off their profile, including: Top, Bottom, Negative, and Positive.
    - Headline read, "*Before you walk out of the bar with that hot guy show your game.*"
    - Sub-headline, "*It is in your hands not to infect someone else.*"
  - ⇨ 4th Runner-up targeted young men. Graphics show young men of diverse backgrounds.
    - Headline read, "*Yeah, we've lost friends to AIDS that's not going to happen with us.*"
  - ⇨ 3rd Runner-up deals with Personal Fitness. Graphics are a cartoon depicting "*Boy Slut's Adventure Story*" where he is being coached on the use of condoms.
  - ⇨ 2nd Runner-up was a series of three posters dealing with the psychological causes of engaging in unsafe sex behavior. Headlines:
    - "*HIV cannot make you beautiful,*"
    - "*HIV cannot fill your heart,*" and
    - "*HIV cannot be your friend.*"
  - ⇨ Winning Entry was chosen in part because it is short, direct, and to the point. It was inspired by the "*Dress for the Occasion*" campaign previously run.
    - Headline: "*Put it On*"
- The winning entry has been printed and has been widely distributed: copies were made available to present members.
- This project, he pointed out, came from the community and demonstrates that the desire to make efforts against AIDS is not dead in the community.

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Israel Nieves-Rivera thanked Buzz Bense for his leadership and work on this project as well as his ongoing contribution to the community. The attendees joined him in expressing appreciation by applause.

Review and Approval of Minutes of the December 9, 2004 Meeting

Motion was made and seconded to accept the Minutes of the December 9, 2004 meeting. There were no objections, comments, or corrections offered. Michael Discepola and Catherine Geanuracos abstained. The minutes were approved.

General Public Comment

Israel Nieves-Rivera introduced Todd Murray from Hope's Voice who provided the following:

- Hope's Voice is a recently formed organization of young men and women around the country living with HIV and AIDS.
- Hope's Voice, in conjunction with the Student Global AIDS Campaign, is kicking off a nationwide speaking tour called, "*The Road to Hope Tour*."
  - ⇨ The tour will include a number of panel discussions focused on students and youth.
    - 20 bookings have been made, including in West Virginia and Texas.
  - ⇨ Local testing facilities will also be represented at the tour's various stops.
- Todd Murray introduced his colleague, Josh Mortinez, and distributed these documents:
  - A overview of Hope's Choice's activities entitled, "*Meet Hope's Voice and Student Global AIDS Campaign;*"
  - A postcard entitled, "Does HIV Look Like Me?"
  - A media release entitled, "*January 1, 2005 - Hope's Voice and Student Global AIDS Campaign National Tour Kicks Off to Educate Students About HIV/AIDS;*" and
  - An explanatory sheet dealing with the need to have youth ot the forefront of efforts against HIV, and includes a pledge of support entitled, "*Road to Hope Tour*"
- He concluded by asking attendees to visit their website, review their coalition pledge, and support this effort.

Member Response to Public Comment

- Catherine Geanuracos pointed out that she is involved in a youth-oriented research network and indicated that she would be in contact with the speakers.
- Israel Nieves-Rivera suggested that Todd Murray and Josh Martinez become community members of the Council's Youth Committee.

The attendees expressed their appreciation with applause.

HPPC Co-Chairs/Steering Committee Report

Israel Nieves-Rivera provided an overview of the Co-Chairs/Steering Committee activities, including the following.

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Urban Coalition for HIV AIDS Prevention Services (UCHAPS)

- San Francisco has four representatives on (UCHAPS), a national organization of CDC directly-funded cities, two who are community representatives from HPPC and two from the health department staff to the HPPC. The UCHAPS bylaws require community members to be current co-chairs of their local planning council or immediate past, or co-chair-elect.

Motion was made and seconded by the Co-Chairs for the Community Co-Chairs to be the UCHAPS representatives and Gwen Smith to be alternate HPPC representative for 2005.

- Andre Robertson asked what initiatives were being worked on.
  - ⇨ Israel Nieves-Rivera explained that UCHAPS deals with the current state of prevention in six large urban areas in the US.
  - ⇨ He added that at the next meeting they would discuss 2006 funding.

There were no other questions, or further discussion. No objections were raised. The motion was approved unanimously.

2005 HIV Prevention Leadership Summit (HPLS)

- Israel Nieves-Rivera reminded members that SF will be hosting the HPLS this year, July 31-August 3.
  - ⇨ He pointed out that a group has been formed to support this project and to ensure that the best use is made of this opportunity to influence prevention policy nationwide.
  - ⇨ This is SF's chance to enter abstracts on innovative work being done.
  - ⇨ Two technical training sessions have been organized to assist in preparing abstracts, Feb. 1 and Feb. 2.
  - ⇨ The next meeting of the HPLS group will be 02/15/05 in the Flood Building, at 9:00 AM.
    - Details, including suite number, will be distributed by email separately.
  - ⇨ He urged all interested attendees to participate in this effort.
- Michael Cooley and others indicated that they would like advanced notice of meetings.
  - ⇨ Israel Nieves-Rivera said that he would address this issue with the group's Chairs.

Council Absence Policy

Tracey Packer provided an overview of the HPPC's attendance policy, including the following.

- ⇨ Members are allowed five absences from Council and/or Committee meeting.
- ⇨ The Steering Committee is reviewing this policy as it is difficult to implement and because five out of twenty-four meetings seems too large a number.
- ⇨ The planned schedule is to introduce a new policy at the Februory Council meeting (02/10/05), and vote on it at the March meeting (03/10/05).
- ⇨ Members' comments and ideas should be relayed to Steering Committee members, to professional staff members, or they can attend the Steering Committee meeting (02/27/05).

Israel Nieves-Rivera pointed out that when a member is absent from a meeting the part of the community she/he represents is also absent. The overall idea of the HPPC, he pointed out, is community involvement in prevention planning.

Some discussion followed.

- Ken Pearce remarked on the impact of members' absences to fellow committee members - particularly when absences result in a lack of quorum.
  - ⇨ He also urged members to inform the Committee Co-Chairs or professional staff members of known absences rather than just not showing up.

- Marcel Miranda said that full attendance is necessary if the Council is to accomplish its ambitious objectives.
- Andre Robertson observed that all members are involved in 24 meetings per year, but if that member is also a Committee Co-Chair the number of meetings could be 36, or more.
  - ⇨ He suggested that five absences in the course of a year moy be too stringent and proposed changing the requirement to a percentage.
  - ⇨ Israel Nieves-Rivera indicated that he would take this ideo to the Steering Committee.
    - He also indicoted that Council Co-Chairs have 48, or more, meetings and their objective is to be at each one.
- Perry Rhodes, III asked if an absence is counted when a Co-Choir has a stand-in at a Steering Committee meeting, rather than ottending him/her self.
  - ⇨ Israel Nieves-Rivera soid that the Steering Committee would oddress this issue.

Parking Lot

Israel Nieves-Rivera provided an overview of the Parking Lot including the following.

- The only item carried over from last yeor related to research on risk behavior of African-American gay men.
- Items for this year's Parking Lot will need to be offered by the February Council meeting (02/10/05), thereafter they will be voted upon and prioritized by the Steering Committee.
- Suggestions for the Parking Lot can be sent to any of the Council Co-Chairs or to members of the professional staff.

Update on HIV in San Francisco

Israel Nieves-Rivera introduced Willi McForland, M.D., PhD., Co Director of the HIV/AIDS Statistics and Epidemiology Section of the SFPDH. Dr. McFarland's presentation was entitled, "*HIV/AIDS Epidemiological Update San Francisco.*" Printed copies of the presentation were distributed and are available to absent members upon request. The following outlines information not included in the text of the presentation's slides.

- The HIV/AIDS Statistics and Epidemiology of the SF DPH updates the HPPC annually.
- (Slide 2) The epidemiological low point, or "Nadir," of HIV Incidence (1989-95) was a result of a balance between people changing their behavior and infected people dying.
- (Slide 3) Incidence among Injection Drug Users (IDU) is "Endemic," as the number of new seroconversions is roughly equal to deaths and the total population remains unchanged.
- (Slide 5) Since 2002 California has collected "non-name" HIV reporting data; based on a code rather thon name.
- (Slide 5) Each year CDC funds o behavioral surveillance data collection project on different target populations.
  - ⇨ Last year the focus was on MSM.
  - ⇨ This year the CDC wants to focus on "High-Risk Heterosexuals (HRH)."
    - Since HRH are not an issue in SF, the local efforts may concentrate on MSF/IDU or transgendered persons.
- (Slide 5) Total HIV incidence is difficult estimate os it is collected in a number of ways and requires rationalization / judgment to consolidate.

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- (Slide 6) Increases in the AIDS prevalence rate is a result of new infections and more people living with AIDS since the introduction of effective therapies (around 1995).
- (Slide 8) Rectal gonorrhea is used as an indicator for HIV transmission.
- (Slides 9, 10 & 11) The data seems contradictory, as there is both an increase in sexual risk behavior and a decrease in positive HIV test results.
  - ⇨ The hypothesis is that that the bulk of Sexually Transmitted Infections (STI) is being spread between among men who know they are HIV positive (sero-sorting).
  - ⇨ SF is unique insofar as data shows that 97% of MSM know their status
- (Slide 15) SF has gone from the most severely infected US city to the twelfth.
- (Slide 16) Prevention failure among IDU may be a result of sexual behavior rather than the use of needles.
- (Slide 16) Asian & Pacific Islander MSM incidence has risen from 3 to 16%
- (Slide 20) Comparison of 2001 Consensus Estimate to experience:
  - ⇨ Size of MSM population is probably about 65,000.
  - ⇨ An estimated 10% of HIV positive test results in SF are from non-SF residents.
    - A lot more non-SF residents are tested/receive services in SF than leave.
    - 2001 Consensus incorrectly estimated that the number of non-SF residents and those emigrating from SF balance.
  - ⇨ The national estimate of HIV positive people unaware of their serostatus is 30%.
    - SF data indicates only 20% of HIV Positive people are unaware of their status.
- (Slide 21) Data on the transgendered population is lacking, partly due to medical reporting, where clinicians are untrained and inconsistent on how to report these people and/or data categories do not include "Transgender."
  - ⇨ The most recent study on the transgender population was conducted in 1997.
- (Slide 23) The size of the population in the Behavioral Risk Population (BRP) dealing with heterosexual IDU may be 15,000.
- (Slides 29 & 30) A random phone survey was conducted among MSM to ascertain the general level of Unprotected Anal Intercourse (UAI).
  - ⇨ "*HAART optimism*" is people's belief that they are less infectious when their viral load is suppressed due to use of these medications.

Questions and Comments

- Israel Nieves-Rivera asked about the age range difference in the random phone survey between HIV positive and negative men participating in UAI with serodiscordant or partners of unknown serostatus.
  - ⇨ Willi McFarland said that the differences between the age range (25-34, and 35-44, respectively) is partly due to the aging of the HIV positive population.
  - ⇨ He added that the rate of seroconversion among men in their 40's and 50's is quite high.
- Marcel Miranda suggested it would be valuable to get more information on what is going on with newly seroconverted so as to prioritize prevention efforts and resources.
  - ⇨ Willi McFarland agreed that more data is needed, noting that although it is difficult to collect, some data has been gathered on this group.
- Michael Cooley asked if there is incidence data since 2002.
  - ⇨ Willi McFarland explained the staff is waiting until it has the data to report comprehensive city-wide data.

- He explained that early in non-name HIV reporting (commencing 07/01/2002) data was dominated by public testing facilities, such os General Hospital, and that using only that data would not be reflective of the whole epidemic.

⇨ This created a backlog of 6,000 coses from all sources, which is now cleared and the staff will report the data in their annual report (due out in April).

⇨ Willi McFarlond added that the data collected is not completely satisfactory as the reporting form(s) don't capture data on the transgender population, if HIV positives are in care, and if testers were aware of their status.

- Michael Cooley suggested the Council prioritize o meaningful study regarding the transgender population.
- Steve Gibson asked about the impact of Rapid Testing.
  ⇨ Willi McFarland said that it moy reduce the number of people uncertain about their serostotus and may enhance men's sero-sorting capobility.
- Barbora Adler asked about priorities, what do we do about funding those BRPs that are endemic?
- Israel Nieves-Rivera responded that BRP's identify the major risk factor and possible strategies and intervention, so we need to ensure that we identify and addressing the high-risk behaviors of the BRP and not necessarily alter the BRP's.
- Rafael Cañadas osked what the obstacles are to collecting dota about the transgender population, and what can be done about it.
  ⇨ Willi McFarland indicated that physicians are either uneducated or uncomfortable about how to categorize/report this populotion
  ⇨ He asked if the category, "Gender Identity" should be added to all the forms used across the city.
  ⇨ He added that there is no consistency regarding if and/or how to include the transgender population in research or in social marketing messages.
- Guillermo Gonzalez suggested focusing on the incorcerated population, which engages in high-risk sexual behavior while in prison, but would not admit to being MSM.
  ⇨ When they are released, he added, these men could infect their female partners and others.
  ⇨ Willi McFarlond noted that some research has been conducted with this population.
- Michael Discepola questioned the strategy of excluding about 10% of testers as they moy not reside in SF ond expressed concern regarding the impact on funding particularly since these people would also be getting services in SF.
- He also asked what the latest data indicates is causing infection among MSM/IDU.
  ⇨ Willi McFarland noted that the MSM/IDU BRP doesn't specify which behavior is the means of transmission.
    - He added that he nonetheless suspects sex is the dominant means of transmission in all IDUs BRPs.
  ⇨ He pointed out that data shows that among MSM, the use of drugs (injected or non-injected) is a large co-factor.
  ⇨ He added thot among the whole IDU category there is sex which is a means of transmission.
- Michael Discepola said that it is important to the Council's work to distinguish the behaviorol means of tronsmission.

- ⇨ Israel Nieves-Rivera questioned if the intervention should be different depending upon which behavior is the means of transmission.

- Andre Robertson asked how to account for the rapid increase in the incidence rates among Asian & Pacific Islanders (from 3-16%).
  - ⇨ Willi McFarland said that his speculation is that the Asian gay community has become more integrated with other gay communities and risk behavior is increasing.
- Andre Robertsan asked how the data accounts for an area like Visitacion Valley/Sunnydale, which has a low incidence rate but all the co-factors: drugs, sex, and incarceration.
  - He suggested that there is either gross under-counting, people are not testing, or they are testing in other areas.
  - ⇨ Willi McFarland said that he doesn't know why incidence rates are low in Visitacion Valley/Sunnydale, but that it may be because it is isolated from MSM and other high prevalence communities.
- Israel Nieves-Rivera asked if there is data about which subpopulations of Asian & Pacific Islanders are experiencing an increased incidence rate.
  - ⇨ Willi McFarland noted that this is a large and heterogeneous group, but the data seems to indicate the Thai, Filipino, and then Chinese subpopulations are most highly impacted.
- Israel Nieves-Rivera then asked if there is data about which subpopulations of Latino is most at risk: multilingual, bilingual, or mono-Spanish / mono-English.
  - He noted that reaching subpopulations of both Latinos and Asian & Pacific Islanders requires different interventions.
  - ⇨ Willi McFarland said that the studies rarely encounter monolingual Spanish speaking MSM.
  - ⇨ Israel Nieves-Rivera responded that he suspects that the data collection is missing a large number of the Latino population.
- Michael Discepolo asked about SF DPH's strategy regarding the CDC not accepting SF's infection numbers, and asked if the response would include collecting name-based data.
  - ⇨ Willi McFarland said that the decision about using a name-based data system on HIV cases would be made by the State of California.
    - He added that the HPPC could express its opinion to the State on this matter.
  - ⇨ He continued that the HIV/AIDS Statistics and Epi Section has data that he thinks is more useful than names and HIV case reporting.
  - ⇨ He also stated that his opinion is that the City can preserve the confidentiality of the data it has collected while continuing to make good use this information for issues such as: determining who is in care, and the disease's progression
  - ⇨ He indicated that there are civil rights implications to collecting name-based information and that the risk that this will happen, while possible, is very low.

Israel Nieves-Rivera stated that this issue has been noted for future discussion. He also reminded members that SF has long been a leader in prioritizing research for a number of communities, including the transgender population. Such prioritization, he added, is part of the HPPC's scope of work.

The attendees expressed their appreciation for Willi McFarland's presentation with applause.

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Committee Work 2005

Israel Nieves-Rivera reviewed the establishment of 2005 Committees, including the following.

- ⇨ The four Committees formed for 2005 were decided upon by the membership of the HPPC at the December meeting.
- ⇨ Members' assignment preferences were collected at the 12/09/05 Council meeting.
- ⇨ The Steering Committee made Committee assignment based on members' choices.
- ⇨ The list of assignments was reported to members in the document entitled, "*Committee Choices for 2005 Final*," which was distributed by email.
- ⇨ The Council was to break into Committees for their first meeting and should discuss:
  - Scope of Work for 2005,
  - Election of a Chair, or Co-Chairs, and
  - Selection of a regular meeting time.

- Barbara Adler asked about community members who couldn't be present that might be interested in participating in Committee work.
  - ⇨ Tracey Packer noted that there is an application procedure for community members and suggested interested people be referred to Betty Chan Lew.

The Council then broke into committees. It was noted that the Committees' suggested Scope of Work would be referred to the Steering Committee and would, after review, be sent back to the Committees. After meeting, committees reported back to the Council as follows:

Committee	Meeting Day/Time First Meeting	Chair/Co Chair
Substance Use and HIV Risks	1st Thursday of each month 4:00 - 5:30 PM First Meeting: 02/03/05	John Newmeyer, interim (There were too many absences for an election)
Prevention With Positives	4th Tuesday of each month 4:30 - 6:00 PM (Provisional on absent members agreement) First Meeting: 02/22/05	Ed Byrom and Rafael Cañadas
Youth	TBD (Committee wants full participation before deciding) First Meeting: 2/16/05	Angie Beyer, interim (There were too many absences for an election)
Community Liaison / Membership	2nd Monday of each month 3:00 4:30 PM First Meeting: 02/14/05	Tamika Gonzales

Closure of Meeting

Israel Nieves-Rivera asked for closing comments.

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- Andre Robertson expressed alarm about the increase in new infections within the Asian & Pacific Islander community adding that the Council should be concerned when an incidence rate triples and should find out why.
- Marcel Miranda noted that Willi McFarland's presentation was just a highlight of the larger report that comes out in April.
  - ⇨ He suggested members provide Willi McFarland any feedback that may help in putting together the April report.
- Rafael Cañadas said that he is looking forward to the challenges of doing committee work, to building networks, and will appreciate input from everyone.
- Israel Nieves-Rivera said that the Council should strive to move the IDU BRPs from endemic to no-epidemic – something else needs to be done.
- He also noted the lag between collection and reporting of data.

The meeting adjourned at 5:55 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer and Israel Nieves-Rivera.

Reminder: The next HPPC meeting will be held on Thursday, February 10, 2005 City Hall, Room 201, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, February 10, 2005
3:00-6:00 pm

City Hall, Mayor's Conference Room, Room 201
San Francisco, CA

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Agenda

Meeting called by Co-Chairs: Gayle Burns, Israel Nieves-Rivera, and Steven Tierney

3:00 pm	**Welcome, Introductions, and Announcements**	**Steven Tierney**
3:15 pm	**Review and Approval of Minutes of January 13, 2005** *(VOTE)*	**Steven Tierney**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Steven Tierney**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. ***(POSSIBLE VOTE)***	**Steven Tierney**
4:00 pm	**HIV Risk and Service Needs of HIV Positive Incarcerated Individuals:** The Homebase Outcomes Project Evaluation (HOPE) Study baseline data will be presented. The presentation will describe HIV risk and service needs of HIV positive individuals prior to incarceration. The HOPE Study is an evaluation of an enhanced case management program for HIV positive individuals recruited in SF jails. Data was collected on individuals for six months post-release. The results of the evaluation will be presented to the HPPC later this year.	**Michael Pendo, Eileen Loughran,** **SFDPH HIV Prevention Section**
4:50 pm	***Break***	
5:00 pm	**HIV Risk and Service Needs of HIV Positive Incarcerated Individuals: Discussion in Small Groups** HPPC members and guests will meet in small groups to discuss: 1. Initial reactions to the presentation. 2. HIV prevention needs for this population 3. Recommendations for funding priorities, policy, or research for this population.	**All**
5:25 pm	**Report Back from Small Groups**	**All**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Steven Tierney**

DOCUMENTS DEPT.

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Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Membership/CLC: Monday, February 14, 3:00-4:30 PM, 25 Van Ness Ave, 5th Floor Conf Rm.
Youth: Wednesday, February 16, 3:30-5:00 PM, 25 Van Ness Ave, 5th Floor Conf Rm.
Prevention with Positives: Tuesday, February 22, 4:30-6:00 PM, 25 Van Ness, 330A
Steering: Thursday, February 24, 3:00-5:00 PM, 25 Van Ness Ave, 5th Floor Conf Rm.
Substance Use & HIV Risk: Thursday, March 3, 4:00-5:30 PM, 25 Van Ness Avenue, Conf Rm.
Full Council: Thursday, March 10, 3:00 – 6:00 PM, location TBA

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HIV PREVENTION PLANNING COUNCIL

Minutes

February 10, 2005

The next HPPC meeting will be held on **Thursday, March 10, 2005**
3:00 - 6:00 p.m.
City Hall, Room 201, San Francisco.

Members Present:
Angie Beyer
Gayle Burns
Edward Byrom
Chadwick Campbell
Rafael Cañadas
Aaron Cohen
Michael Cooley
Michael Discepola
Catherine Geanuracos
Steve Gibson
Robert Gomez
Matt Jennings
Janetta Johnson
Tom Kennedy
Thomas Knoble
Derrick Mapp
Joani Marinoff
Tuck Mayo
Marcel Miranda
John Newmeyer
Israel Nieves-Rivera
Ken Pearce
Perry Rhodes III
Andre Robertson

continued...
Gail Sanabria
Gwen Smith
Frank Strona
Steven Tierney
Ken Vail
Abbie Zimmerman

Members Absent:
Barbara Adler
Matthew Blanchard
Thomas Ganger
Tamika Gonzales
Katie Jambor
Mike Schement

HIV Prevention Section:
Vincent Fuqua
Betty Chan Lew
Eileen Loughran
Tracey Packer
Mike Pendo
Lisa Reyes
Guillermo Gonzalez

Guests:
Naomi Akers - St. James Infirmary
Randolph Allgaier - HIV Health Services Planning Council (CARE Council)
William Bland
Milton Estes - Forensic AIDS Project
Lee Jackson - SF City College
Helen Lin - Continuum
Bob McMullin - The Stop AIDS Project
Jack Newby - The Care Council
Stephan Oxendin
Teddy Partridge - The Stop AIDS Project
Jen Sarché - AIDS Office

Process Evaluation Team:
Alison Wakefield

Harder + Co.:
Kym Dorman
David Weinman (Minute Taker)
Allison Weston

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Welcome, Introductions, and Announcements

Co-Chair Steven Tierney called the meeting to order at 3:04 P.M. He explained that Co-Chairs rotate responsibilities, including facilitating meeting. He introduced Bob McMullin, the new Executive Director of the Stop AIDS Project. He then invited members to introduce themselves, and make announcements. The icebreaker question was, "If money were no object, where would you go on vacation tomorrow?"

- Frank Strona announced that there are still openings in the Focus Group organized by the STD Division of the SFDPH for men between 30 - 45 years of age, who have had six or more sex partners and have not been tested for Syphilis during the past 12 months.
  - ⇨ They are particularly interested in ensuring cultural diversity among participants.
  - ⇨ Members were encouraged to convey referrals to Frank Strona.

- Frank Strona also announced that the San Francisco Gay Men's Community Initiative are hosting a community forum Friday night, 02/25/05 entitled, "Gay Men: Risk Taking Renegades" at the Lesbian Gay Bisexual Transgender (LGBT) Center.
  - ⇨ Flyers will be distributed at a later date.
- Another upcoming program sponsored by the San Francisco Gay Men's Community Initiative was announced by Frank Strona for Tuesday evening, 02/22/05 in which Tom Gray and he will facilitate a community forum on oral sex entitled, "Grab Your Tool and Join Us" at Magnet.
  - ⇨ Members were encouraged to contact him if they would like brochures for their agencies describing this program.
- Andre Robertson announced that the Black Coalition on AIDS (BCA) is sponsoring its annual Black Film Festival 02/19 & 20/05 at the SF Public Library, 100 Larkin Street.
  - ⇨ Admission is free.
- Steven Tierney announced the Positive Reinforcement Opportunity Project (PROP), a 12-week meth-amphetamine (Crystal/Meth) reduction program taking place at Magnet, Continuum and SF General Hospital.
  - ⇨ He distributed flyers entitled, "*Does your patient need help stopping speed use?*" explaining the program, copies of which are available to absent members upon request.
  - ⇨ More information and flyers can be obtained by contacting Frank Strona, Michael Cooley, or Steven Tierney.
- Rafael Cañadas announced an art show and open microphone program presented by the Love & Justice Project and Proyecto Contra SIDA Por Vida (PCPV) the penultimate Friday of each month through June for youth of color 25 and under at 2973 Mission Street in SF.
  - ⇨ He distributed flyers entitled, "*Qpocalypse*," copies are available to absent members upon request.
- Michael Cooley announced The Stop AIDS Project and the SF AIDS Foundation will produce the first "Positive for Us" program for African-American men, 02/26-27/05.
  - ⇨ Enrollment is still open, interested candidates should email him.
- Catherine Geanuracos announced that UCSF has a couple of openings for part-time, short-term (24-month) outreach workers.
  - ⇨ She explained that the outreach worker should be in their targeted age group (18-24) and will work with MSM youth.

The Council joined Steven Tierney in thanking Betty Chan Lew for organizing the meeting's food.

Review and Approval of Minutes of January 13, 2005

Motion was made and seconded to accept the minutes of the 01/13/05 meeting. No changes or corrections were offered. There were no objections raised to accepting the minutes. The minutes were approved.

General Public Comment

Steven Tierney introduced Randy Allgaier of the CARE Council.

- Randy Allgaier explained that the CARE Council is committed to more active collaboration with this Council 2005, over and above the current collaborative Prevention with Positives Committee.
  - Part of this effort is that one of the CARE Council's Co-Chairs will attend each of the HPPC's meetings.
- He also announced that the CARE Council has formed a task force to do HIV health services Needs Assessments of three counties: Marin, San Mateo, and SF.
  - ⇨ Catherine Geanuracos added that the task force would particularly benefit from participation from members of the HPPC.
    - The task force will deal with issues relevant to both prevention and care.
    - People interested in participating should contact Jack Newby at (415) 674-4777.
- Steven Tierney noted that it is also a goal of HPPC to improve collaboration between the Councils.

Steven Tierney then introduced Jen Sarché from the HIV Research Section of the AIDS Office.

- She explained the commencement of *'Project T,'* a safety study looking at HIV (-) MSM's pre-exposure prophylaxis use of the anti-retroviral, Tenofovir.
  - ⇨ The SF study will look at medical and behavioral consequences of such prophylaxis.
    - Other sites are studying other aspects of pre-exposure prophylaxis (PREP).
- The study is actively recruiting HIV (-) MSM.
  - ⇨ She encouraged members to contact her on (415) 554-4297 (cell) for more information or if agencies would like her to talk with them about Project T.
- She also distributed the information sheet entitled, "*Fact Sheet on Project T,*" copies of which are available to absent members upon request.
- She highlighted that the organizers of the study do not know if use of this prophylaxis will keep people from sero-converting.

<u>Member Response to Public Comment</u>

- Tuck Mayo asked if this is daily dosage and if there are incentives to participants.
  - ⇨ Jen Sarché explained that it is a daily dose, and that there are incentives including:
    - Free condoms,
    - Free STD and HIV testing anytime,
    - Financial incentive of $35 per quarterly visit for the first year and $50 per visit for the second, as well as
    - The satisfaction of doing something that will help the community.
- In response to Marcel Miranda's question, Jen Sarché said that the study will include 200 participants and that they hope to complete recruitment in the next couple of months.
  - ⇨ She also explained that the ads for Project T recruitment have had good response - about 45 phone calls over the past 10 days.

Steven Tierney provided an overview of the Public Comment procedures, including the use of Public Comment forms.

HIV PREVENTION PLANNING COUNCIL
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HPPC Co-Chairs/Steering Committee Report

Steven Tierney distributed the document entitled, "*HIV Prevention Planning Council (HPPC) Co-Chairs Report Thursday, February 10, 2005,*" copies of which are available to absent members upon request. He particularly drew members' attention to the following.

Budgets

- This year's SF budget is not as yet finalized.
- The current draft of the SF budget includes the same funding cuts as proposed last year.
  - ⇨ Last year the proposed cuts were reversed in the final budget, partly as a result of members' and the community's intervention with the Board of Supervisors.
  - ⇨ Such public involvement might be necessary again this year.
- The proposed federal prevention budget includes a $5 million cut. With additional administrative and structural requirements this is, effectively, a $10 million cut; however --
  - ⇨ The proposed cuts should not impact SF programs; most of the cuts are in the Director's Discretionary Fund, that may have their funding reduced.

State of California

- In addition to Drew Johnson's departure, Dana Pierce-Smith of the State HIV Care services has announced her retirement.
  - ⇨ These changes are coincidental.
- Gail Sanabria added that State funding for HIV Prevention is not being changed in the Governor's proposed budget.
  - ⇨ Continuation of the status quo includes funding ADAP, which means no waiting lists and continued provision of service to current participants.
- Steven Tierney reviewed the State's recent biannual HIV Prevention Summit.
  - ⇨ He added that Council members would be given advanced notice of the next meeting so that more members can participate.

HIV Prevention Leadership Summit (HPLS)

- Steven Tierney reminded members that this national summit will be held in SF in July '05.
  - ⇨ The next local planning will be held 02/15/05 9:00 AM, Suite 1185 of the Flood Building.
  - ⇨ Members will be notified in advance of future meetings.
  - ⇨ All are welcomed, and encouraged, to participate.

Local Prevention

- Steven Tierney provided background on the "*Homoboy*" project, a new social marketing campaign.
  - ⇨ He observed that, as intended, the program had drawn a lot of attention/buzz.
- He added that the SFDPH AIDS Office is putting together a written protocol for social marketing programs, including how to do research, how to get community input, how to build coalitions, and how to measure for success.
  - ⇨ Members are welcomed and encouraged to participate in writing these protocols.
    - Members should contact Betty Chan Lew for information on working groups.
  - ⇨ He noted that the social marketing protocol would be presented as an abstract to the HIV Prevention Leadership Summit in July.

Questions and Comments

- Michael Cooley asked for a report on the impact of Homoboy Project, when completed, to be presented to the Council.

HIV PREVENTION PLANNING COUNCIL
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The Parking Lot

Steven Tierney explained that during January and February members propose to the Steering Committee specific topics for presentation and/or discussion at the Council during the year. Agreed upon topics/issues constitute the Parking Lot. He then asked members for suggestions.

Post Exposure Prophylaxis (PEP)

- ⇨ Marcel Miranda noted that there has been a lot of media attention regarding the CDC promoting PEP and asked if the Steering Committee/Council has interest in responding.
  - He added that he is also curious who is paying for PEP.
- ⇨ Steven Tierney noted that the CDC has expressed resistance to PEP for fear it would encourage people to engage in unsafe sexual behavior.
  - He also observed that SF has been offering PEP at the City Clinic for several years.
- ⇨ Steven Tierney added that the CDC's guidance addressed only uses for PEP other than sexual contact between men – such as domestic violence and rape.
  - The new CDC program manager, he pointed out, might attend the next Council Meeting 03/10/05, if he does the Council might ask him to address this guidance.
- ⇨ He also noted that PEP would also be discussed at the upcoming Urban Coalition of HIV AIDS Prevention (UCHAPS) meeting.
- ⇨ It was explained that the PEP programs pays for three days of drugs, thereafter people have to pay for the medication themselves or through insurance (about $600).
- ⇨ Michael Discepola noted that State of California has done some work on developing a protocol for the use of PEP.

Diversified/Non-Governmental Funding

- ⇨ Perry Rhodes, III suggested a presentation by an expert who spoke at the State HIV Prevention Summit about alternative funding sources for community based HIV prevention organizations.

Behavioral Research about African-American Men

- ⇨ In response to Joani Marinoff's question, Israel Nieves-Rivera noted that this topic carried over from last year's Parking Lot.

Non-Name vs. Name HIV Testing Result Reporting

- ⇨ Israel Nieves-Rivera explained that Barbara Adler suggested this topic by email.

Rapid Testing & Oral Swab Testing

- ⇨ Steve Gibson suggested updating the report on Rapid Testing since its implementation.
  - He added that this might be combined with Non-name vs Name Reporting.
- ⇨ Steven Tierney noted that oral swab rapid testing has been approved and will commence shortly. He suggested this be added to the Parking Lot with Rapid Testing.

Community Organizing as an Intervention

- ⇨ Joani Marinoff suggested discussion of community organizing as an intervention.

HIV Testing and Services in Visitacion Valley

- ⇨ Andre Robertson suggested discussion of HIV testing and HIV infrastructure in Visitacion Valley.

Native American Health Center and Report on RAP

- ⇨ Israel Nieves-Rivera suggested getting a presentation from the Native American Health Center – which was not included in last year's report from directly funded programs.
- ⇨ He added that this could be combined with a report on the Rapid Assessment Process conducted by Native American AIDS Project.

Steven Tierney explained that members can suggest other items for the Parking Lot through members of the Steering Committee including Committee Co-Chairs. At the March 10 meeting, members may add to the Parking Lot and then it will be closed for the year.

Motion was made and seconded to accept these suggested additions to the Parking Lot:

1. Post Exposure Prophylaxis (PEP)
2. Diversified/Non-Governmental Funding
3. Issues of HIV Prevention for African-American Men Names vs. Non-Names Testing, the impact of Rapid Testing and oral rapid testing
4. Community Organizing as an Intervention
5. HIV Testing and Services in Visitacion Valley
6. Native American Health Center Presentation and Report on RAP by NAAP.

There was no further discussion. No objections were raised. The motion carried with no abstentions.

HIV Risk and Service Needs of HIV Positive Individuals

Steven Tierney provided some background on the presentation. He explained that the CDC has refocused their language to address their key issues as: MSM IDU and Incarcerated Populations. In SF the "*Home-based Outcome Project Evaluation (HOPE) Study*" is an ongoing study of incarcerated people. He introduced Michael Pendo and Eileen Loughran of the HIV Prevention Section (HPS) who conducted the HOPE Study. Copies of their presentation entitled, "*Inmates Living With HIV/AIDS: The Need for Coordinated Services and HIV Prevention*" were distributed. It was noted that the document differed slightly from the draft document distributed by email. Copies of the distributed document are available to absent members upon request. One of the Research Assistants, Naomi Akers, was present and introduced to the Council. Some highlights of this presentation not included in the printed material follow.

- There has been a 300% increase in the incarcerated population in the US since 1982.
- The State Office of AIDS and the SFDPH funded the HOPE Study to evaluate the HOMEBASE Project, a transitional case management program for HIV+ incarcerated individuals that was part of the CDC/HRSA National Corrections Demonstration Project.
- The cohort is representative of the demographics of the general jailed population (Slide 7).
- The population shown with a Housing Status of "House, Apartment" includes people not paying rent; such as those living with family or friends so this may not necessarily be stable housing (Slide 8).
- Nearly 100% of the study participants had been incarcerated before (100% of the females, 99% of the males, and 94% of the transgendered people).
- The percentage of unstably housed participants with good adherence to medication regiments contradicts the commonly held belief (Slide 12).
- About 60% of participants who attempted suicide (Slide 14) had been hospitalized for their attempt, suggesting that these were serious attempts.
- Participants that use needle exchange used it, on average, four times a month (Slide 16).
- Of the 18% of participants who reported attending a group where sexual and drug risk behaviors was discussed most were in drug treatment (Slide 19).

- Approximately 25% of PLWA did not have prescription coverage including ADAP and/or Medicaid (Slide 23).
- Some of the questions researchers hope to address by analyzing data include (Slide 24).
  - ⇨ What charges are involved in multiple incarceration?
  - ⇨ Are people re-arrested on warrants or new offenses.
  - ⇨ To what extent are people going in and out of jail?
  - ⇨ Does providing housing for three-months have an effect on risk behavior?
- A community report on the HOPE Study is currently at the printer, when it is available copies will be made available to Council members.

The attendees expressed their appreciation with applause.

Mike Pendo introduced Milton Estes, MD, Medical Director of the Forensic AIDS Project.

- The Forensic AIDS Project does the HIV testing, counseling and education as well as providing hands on medical services and case management.
- This HIV (+) incarcerated population experiences many cofactors (morbidities), including substance abuse, homelessness, sexual abuse, as well as various psychological difficulties.
- This population also has high incidence of STDs including Hepatitis B & C and Tuberculosis.
- A unique situation exists among the incarcerated, they have time to think about their issues, and have opportunity to address their medical/psychiatric issues.
- HIV testing is voluntary; about 12 positive test results are reported annually to people who are unaware of their serostatus.
- Medical staff screen people as they are admitted, order labs, and ensure prescribed medications are made available.
- There are regular visits from medical and case management teams.
- At release there are attempts to connect with transitional case management.
- While access to medical care is not an issue in SF, after release most people access services only on an urgent/emergency basis.
- To people who are in and out of jails the Forensic AIDS Project amounts to their primary health care provider.
- The question is how to get people to want to address their HIV issue, given all their priorities.
- More of all services/resources are needed.
- Resources such as housing without medical/psychiatric services can not be sufficient.

Mike Pendo then introduced Helen Lin, a Case Manager at Continuum who works on the Homebase Program.

- Helen Lin explained that the counseling she provides primarily reduces participants' level of stress and keeps people connected while they are incarcerated.
  - ⇨ This includes keeping them in touch with family, and ensuring they remain eligible for whatever benefits they had prior to entering jail.
- The program provides housing on a case-by-case basis for up to three months, and has access to 18-month housing through Housing Opportunities for People with AIDS (HOPWA).
  - ⇨ Even with housing stabilized, participants still need, and have, access to counseling.
- They are serving five to eight people coming out of jail at a time.
- Life coaching and counseling may be the program's best contribution to HIV prevention.

Questions and Comments

- Ken Vail asked if they know if participants were injecting crack.
  - ⇨ Mike Pendo said that this was asked and that preliminarily they found a little.
- Joani Marinoff noted that at least two presentations to the Council – this and the report from the transgender community – have highlighted housing as an important co-factor.
  - ⇨ She suggested the Council look at housing as part of HIV prevention rather than waiting for other services to stabilize people before addressing prevention.
- Andre Robertson noted that 18% of HIV (+) identified people participated in groups discussing substance and sexual risk while in jail and asked what percent of the total incarcerated population participate in such groups.
- He also asked if incarcerated people want to deal first with substance abuse issues before addressing HIV, which he finds is the case among the non-incarcerated population.
  - ⇨ Dr. Milton Estes responded that a substance abuse treatment and harm reduction programs are available to everyone who is not too sick to participate.
  - ⇨ He also conveyed that when people are in jail and aren't using substances (alcohol or drugs) HIV issues tends to take priority.
  - ⇨ He pointed out that more could be done in jail, but that it is difficult to have groups dealing with HIV/AIDS or substance use in jail because of confidentiality issues.
- Catherine Geanuracos asked if there is data about the types of offenses people were arrested for.
  - ⇨ Mike Pendo said that they have such data, but that it will not be included in the baseline report.
  - ⇨ Dr. Milton Estes responded that anecdotally most arrests are for drugs and paraphernalia.
- Michael Cooley asked if the study found a distrust of the medical establishment as was found in the HPPC's 2003c SCAN of the Bayview Hunter's Point.
- He then asked what the study found about transgendered incarcerated people.
  - ⇨ Mike Pendo said that the numbers of transgendered individuals in the study was too small for meaningful data.
- Michael Cooley also asked if the data on mental health, including suicide, can be broken down by gender identification.
  - ⇨ Mike Pendo said that they can provide that level of detail.
- Israel Nieves-Rivera asked if the data regarding sexual behavior includes whether the person was gay identified, and/or if the same men engage in sex with men and woman.
  - ⇨ Mike Pendo indicated that they have this information.
- Abbie Zimmerman asked about sexual contact and contracting HIV in jail.
  - ⇨ Mike Pendo explained that they did not ask about activities in jail due to safety issues.
- Abbie Zimmerman then asked if there was any indication of intentional arrest to get care.
  - ⇨ Dr. Milton Estes said that anecdotally there may have been three or four such cases in his nine years of work in jails.
- Derrick Mapp asked about the number of HOPWA beds and if this is sufficient.
  - ⇨ Helen Lin responded that there have been over 200 HOPWA beds and that right now there isn't a waiting list for people coming out of incarceration.
- Derrick Mapp then asked if there is legal assistance available to address recidivism. He also asked about the level of care particularly relating to medical and psychiatric needs.

- ⇨ Helen Lin said that the Case Managers spend between 50-60% of their time helping people with legal issues, particularly complying with their probation conditions.
- ⇨ Dr. Milton Estes also responded saying the case management is intense but that the caseload of around 50 is too high, that there is need for more Case Managers.

- Marcel Miranda asked about mental health services – do they recommend complimentary services such as massage and acupuncture, noting that such services are particularly helpful to people not ready to accept psychiatric referrals.
  - ⇨ Helen Lin said that the TLC Program includes primary care, ongoing psychiatric care, and in collaboration with the AIDS Health Project (AHP) they make referrals to counseling and other services.
- Marcel Miranda then asked if the HOPE Project tracked the referrals.
  - ⇨ Mike Pendo said that they asked about case management and will have a lot of data regarding how referrals have been handled and executed.
- In response to Perry Rhodes III's request, Mike Pendo indicated that they would provide a breakdown by race of the 20% who reported having seen a mental health provider during the month before their incarceration.
- Andre Robertson asked what the people thought about the care they were referred to upon release from jail.
  - ⇨ Mike Pendo said that they have that information on the first six month after release and will be analyzing it to present to the HPPC later this year.
  - ⇨ Dr. Milton Estes said that that there is a real effort to connect people leaving jail with the agency that is most appropriate to their needs, rather than issuing blanket referrals.
- A guest Naomi Akers commented on the importance of housing noting that the President's budget includes significant cuts in HOPWA and restrictions on how long people can be housed as part of care. She added that other ways of funding HOPWA are needed.
- She also noted that the paraphernalia that people are arrested with/for are often needles distributed by the City's needle exchange program.
  - ⇨ Mike Pendo added that he was surprised by how common this occurrence is.
- Janetta Johnson asked if the paraphernalia is needles or crack pipes.
  - She added that she has seen a lot of people searched by the police, but when they find crack pipes they just throw them away.
  - ⇨ Mike Pendo said that the data only shows if the paraphernalia is a syringe or other.
- Guest, Naomi Akers commented that she has never gotten the sense that anyone intentionally gets arrested pointing out that jail is not a spa vacation for anyone.

Mike Pendo pointed out that they are taking notes on the sort of data members are asking for so as to be sure to include it in future reports. The Council thanked presenters and guests with applause.

Discussion in Small Groups

Steven Tierney pointed out that part of what the Council does is make recommendations in three areas: research, allocation of resources, and public health policies. He added that the Council requested the HOPE Study, and so questions of it are appropriate.

He then explained the Council would break into small groups to process the questions included on the Agenda:

(1) Initial reactions to the presentation.
(2) HIV prevention needs for this population
(3) Recommendations for funding priorities, policy, or research for this population.

He also explained that due to recent knee surgery he would need to leave and Co-Chair Israel Nieves-Rivera will facilitate the meeting's remainder. The Council then broke into five small groups.

Report Back from Small Groups

Israel Nieves-Rivera asked the five small groups to report back including who should take the recommended action: The Council, the Steering Committee, the SFDPH, or through individual advocacy. The groups then reported in descending numeric order.

Group Five Recommendations - Naomi Akers reported

- Recognize housing and poverty as HIV risk factors and prevention issues.
- Representatives from Law Enforcement, the Homebase Project, and the school system should be on the Council.
- Case Managers should work more closely with the Forensic AIDS Project and promote development of a relationship between the inmate Case Manager prior to being release.
- Address the reasons people are in jail
  - ⇨ Perhaps work on getting prescriptions for people to be in possession of syringes.

Group 4 Recommendations

- Look at the SF model for handling HIV in jail and implement those parts of the model that work well statewide.
- Find creative ways of doing prevention in jail without people being stigmatized.
- Establish outreach programs for everyone who is HIV Positive in jail.
- Get community/church leaders involved in prevention efforts in jail.
  - ⇨ This would also provide a contact for people when they are released from jail.
- Do more research to determine if people were infected in jail.
- Do more research on the role of HIV prevention in the jail environment, as there are non-HIV related long-term systemic issues that need to be addressed.
  - ⇨ It may be presumptuous that HIV prevention services can tackle all of these issues.
  - ⇨ Determine what unique role HIV prevention services can play.
- Determine if there is still a policy that condoms are not available in jail.
  - ⇨ If so, determine a way of addressing this issue.
  - ⇨ It was suggested that the policy is that packets of condoms are permitted, but an open, used condom is contraband.

Group Three Recommendations

- More resources for Case Management.
- Add peer advocacy to Case Management.
- Conduct a plausibility study of distributing prevention tools within jails.
- Explore decriminalizing paraphernalia.
- Conduct a study similar to the HOPE Project for incarcerated youth, a "*Youth HOPE*."

- Explore if SF is unique, or could the model be applied in jail systems elsewhere.
- Members of the Council to visit jails and see HIV services in operation.

Group Two Recommendations

- Decriminalize possession of syringes, or make possession a low enforcement priority.
- Get more data on incarcerated transgendered people.
- Determine if the HOPWA is being fully utilized.
- Explore collaboration between substance use and HIV prevention programs to provide better access to complimentary services.
- Explore expanding mental health services to include life skills.
- Look at distributing condoms in jail.
- Investigate ways to better tie services to identified needs.
- Expand study/program to working with minors.
- Research language obstacles in distribution of HIV prevention messages.
- Explore condom distribution in jail.
- Look at working with partners while people are in jail, outside, and in transition.
  - ⇨ This may be a way of reaching African American woman.

This group did not make recommendations on who should take action on these recommendations.

Group One Recommendations

- Recognize limitations of a community planning council.
  - ⇨ Many of the issues discussed are public health issues, not just prevention issues.
- Explore the efficacy of funds spent on this population.
- Look into program collaboration, particularly to determine if programs understand who provides services to different populations/subpopulations?

This group did not make recommendations on who should take action on these recommendations.

Israel Nieves-Rivera said that the recommendations presented would be taken this to Steering Committee for discussion as to how to action. Thereafter, the Steering Committee will report back to the Council on these recommendations.

Questions & Comments

- Janetta Johnson suggested the Homebase Program should have a link with the Police Department, so participants aren't harassed.
  - ⇨ She also suggested the Case Manager in jail should get a release to discuss and coordinate services with the person's Case Manager on the outside.
- Tracey Packer highlighted that the data was the baseline data, and that there will be data for participant for six more months.
  - ⇨ She added that when all the data is collected the Council will invite Mike Pendo and Eileen Loughran back to report on the whole study.
  - ⇨ Members can call Mike Pendo or Eileen Loughran if they have specific questions.
- Mike Pendo noted that within a month they would have much more detailed baseline data, including information broken down by gender and race.
- Israel Nieves-Rivera said that the issues raised require a public health response.
  - ⇨ He added that a realistic appraisal shows that HIV prevention is only a part of that response, and only one of the Council's priorities.

- ⇨ He suggested the Co-Chairs discuss this with the SFDPH in the context of this as a broad public health issue – not just an HIV prevention issue.
- Joani Marinoff said this data may shed light on the relationship between HIV and Substance Use, particularly as to why Incidence among the IDU population is endemic – neither increasing or decreasing.
- Andre Robertson suggested exploring the right to privacy policy in jail.
- Naomi Akers pointed out that that security concerns are usually cited as the reason for blocking initiatives – including condom distribution.
- Andre Robertson said that representatives of law enforcement should be involved in the Council's exploration of this population.
  - ⇨ Abbie Zimmerman and Thomas Knoble suggested that it would be useful to ask questions about rules and policies of representatives of law enforcement/the jail system.
  - ⇨ Steve Gibson added that there might be a willingness to participate at the State level as the Director, formerly at San Quintin Prison, has a rehabilitation perspective.
- William Bland said that it would be interesting to understand the phenomenon in SF of men being released from incarceration not infecting women.
  - ⇨ Israel Nieves-Rivera noted that the Health Commission meets regularly and that the public is both welcomed to attend and to raise questions there.

Summary, Evaluation, and Closure of Meeting

Israel Nieves-Rivera asked for closing comments. None were offered. He reminded members to execute their evaluation forms.

The meeting adjourned at 5:55 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer.

Reminder: The next HPPC meeting will be held on Thursday, March 10, 2005 City Hall, Room 201, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, March 10, 2005
3:00-6:00 pm

City Hall, Mayor's Conference Room, Room 201
San Francisco, CA

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11/05

Agenda

Meeting called by Co-Chairs. Gayle Burns, Israel Nieves-Rivera, and Steven Tierney

3:00 pm	**Welcome, Introductions, and Announcements**	**Gayle Burns**
3:15 pm	**Review and Approval of Minutes of February 10, 2005** *(VOTE)*	**Gayle Burns**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Gayle Burns**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. The Co-Chairs will also bring a motion to the HPPC to approve a revised Attendance Policy. *(VOTE)*	**Gayle Burns**
3:50 pm	**Input to the Parking Lot** The presiding Co-Chair will open the "Parking Lot" for additional items to be addressed by the HPPC during 2005. After March 2005, the Parking Lot will be closed for the year. Members will vote to add items to the Parking Lot. (***VOTE***)	**Gayle Burns**
4:00 pm	**Report of New Strain in NYC-Presentation and Discussion:** In the aftermath of the new strain of HIV reported in a New York City male, research scientist Al Liu, M.D. of the SFDPH, HIV Research Section will provide a basic overview of the basics of the case, what we need to know about drug-resistant strains, and implications for prevention.	**Al Liu, SFDPH Research Section**
4:50 pm	***Break***	
5:00 pm	**HIV Prevention Implications: Discussion and Recommendations by the HPPC**	**All**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Gayle Burns**

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Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Membership/CLC: Monday, March 14, 3:00-4:30 PM, 25 Van Ness Ave, 5th Floor Conf Rm.
Youth: Wednesday, March 16, 3:00-4:30 PM, 25 Van Ness Ave, 330B
Prevention with Positives: Tuesday, March 22, 4:30-6:00 PM, 25 Van Ness, 330A
Steering: Thursday, March 24, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Substance Use & HIV Risk: Thursday, April 7, 4:00-5:30 PM, 25 Van Ness Avenue, 330A
Full Council: Thursday, April 14, 3:00 – 6:00 PM, location TBA

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In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

Revised 3/9/05

HIV Prevention Planning Council Meeting
Thursday, March 10, 2005
3:00-6:00 pm

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Agenda

Meeting called by Co-Chairs: Gayle Burns, Israel Nieves-Rivera, and Steven Tierney

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3:35 pm	**HPPC Co-Chairs/Steering Committee Report** To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. The Co-Chairs will also bring a motion to the HPPC to approve a revised Attendance Policy. The Co-Chairs will ask the HPPC to approve two letters of support. ***(VOTE)***	**Gayle Burns**
3:55 pm	**Input to the Parking Lot** The presiding Co-Chair will open the "Parking Lot" for additional items to be addressed by the HPPC during 2005. After March 2005, the Parking Lot will be closed for the year. Members will vote to add items to the Parking Lot. (***VOTE***)	**Gayle Burns**
4:15 pm	**Report of New Strain in NYC-Presentation and Discussion:** In the aftermath of the new strain of HIV reported in a New York City male, research scientist Al Liu, M.D. of the SFDPH, HIV Research Section will provide a basic overview of the basics of the case, what we need to know about drug-resistant strains, and implications for prevention.	**Al Liu, MD SFDPH Research Section**
4:55 pm	***Break***	
5:05 pm	**HIV Prevention Implications: Discussion and Recommendations by the HPPC**	**All**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Gayle Burns**

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2005 Parking Lot
as of 2/24/05

At the February 10, 2005 HPPC Meeting: Motion was made and seconded to accept these suggested additions to the Parking Lot:

1. Post Exposure Prophylaxis (PEP)
2. Diversified/Non-Governmental Funding
3. Issues of HIV Prevention for African-American Men
4. HIV Testing Issues:
   - Names vs. Non-Names Reporting
   - The Impact of Rapid Testing and Oral Swab Testing
   - HIV Testing: Confidential and Anonymous
5. Community Organizing as an Intervention
6. HIV Testing and Services in Visitacion Valley
7. Native American Health Center Presentation and Report on SCAN.

San Francisco

HIV PREVENTION PLANNING COUNCIL

Minutes

March 10, 2005

The next HPPC meeting will be held on **Thursday, April 14, 2005**
3:00 - 6:00 p.m.
San Francisco City Hall, Mayor's Conference Room (201)
San Francisco

Members Present:
Barbara Adler
Angie Beyer
Gayle Burns
Edward Byrom
Chadwick Campbell
Rafael Cañadas
Aaron Cohen
Michael Cooley
Thomas Ganger
Catherine Geanuracos
Steve Gibson
Robert Gomez
Matt Jennings
Janetta Johnson
Tom Kennedy
Thomas Knoble
Derrick Mapp
Joani Marinoff
Tuck Mayo
Marcel Miranda
Israel Nieves-Rivera

continued...
Ken Pearce
Perry Rhodes III
Gwen Smith
Steven Tierney
Ken Vail
Abbie Zimmerman

Members Absent:
Matthew Blanchard
Michael Discepola
Tamika Gonzales
John Newmeyer
Andre Robertson
Gail Sanabria
Mike Schement
Frank Strona

Process Evaluation Team:
Alison Wakefield
Kathleen Roe

Guests:
Al Liu, MD - HIV Research Section
Bill Barnes
Billie Jean Kanios - CARE Council and Walden House
Ramon Ramirez - AIDS Health Care Foundation
Luciana Tsay - TNDC
Jen Sarché - SFDPH AIDS Office

HIV Prevention Section:
Vincent Fuqua
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes
Guillermo Gonzalez

Harder + Co.:
Kym Dorman
David Weinman (Minute Taker)
Allison Weston

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Welcome, Introductions, and Announcements

Co-Chair Gayle Burns called the meeting to order at 03:05 PM. She explained that Co-Chairs rotate responsibilities, including facilitating meetings. She also noted that this was her first Council meeting facilitation. The attendees welcomed her with applause. She invited members to introduce themselves, and make announcements. The icebreaker was, "*What would you like to see in SF?*"

- Gayle Burns announced that members Andre Robertson, Gail Sanabria, and Frank Strona had notified the Prevention staff that they would be absent.
- She also distributed the flyer entitled, "*Native American AIDS Project Transgender Serves Focus Group*" announcing a lunch meeting Wednesday 03/23/05 at the NAAP Office. A copy of the flyer is available to absent members upon request.
- Catherine Geanuracos announced that she and Billie Jean Kanios Co-Chair a CARE Council Working Group conducting a Needs Assessment of HIV services.
  - ⇨ She encouraged HPPC members' participation noting that Tracey Packer, Ken Pearce, Jen Sarché are already participating in the Working Group.
  - ⇨ The next meeting of the Working Group will be 03/16/05 at The Shanti Project.

- Abbie Zimmerman announced that Huckleberry's Cole Street Clinic will conduct HIV (+) speaker training.
  - ⇨ She explained that HIV (+) people are trained to tell their stories to youth in the community, for which they are given a stipend.
  - ⇨ People interested in participating in this project should contact Abbie Zimmerman.
  - ⇨ She will forward information to Betty Chan Lew to distribute to members.
- Abbie Zimmerman also announced that she attended a Haight-Ashbury Service Association meeting earlier that day.
  - ⇨ They will conduct a Community Forum to discuss drug dealing and use in the neighborhood, Thursday, 03/31/05 at the Public Library on Page and Cole.
- Catherine Geanuracos announced that the CARE Council has received notification of its annual funding award of about $28 million, which reflects a 5.2% cut in allocation.
  - ⇨ She explained that they have not as yet received details of the scoring.
    - She added that this may be a result of the CDC's preference for Names Reporting which is not used in California (discussed below).
  - ⇨ She pointed out that SF receives more funding per HIV client than most jurisdictions.
  - ⇨ Ken Pearce provided an overview of the scoring system used to determine funding.
    - He noted that one tier of funding is based on subjective criteria and that while SF and other areas are facing cuts regions in Texas have received increased funding.
  - ⇨ Michael Cooley asked if there was any chance of reinstating previous cuts.
    - In response Catherine Geanuracos indicated that previous cuts would not be reinstated and that the CARE Council is looking at additional cuts.
- Lisa Reyes announced a Health Fair in Visitacion Valley 03/12-13/05, which will include about 10 agencies, food and entertainment.
  - ⇨ She noted that this is partly a result the recent neighborhood SCAN.

Review and Approval of Minutes of February 10, 2005

Motion was made and seconded to accept the minutes of the 01/13/05 meeting.

- Israel Nieves-Rivera noted the date in the header on pages 2 and beyond is incorrect and should read "*02/10/05*."

No other changes or corrections were offered. There were no objections raised. The minutes were approved as amended, with Barbara Adler, Ed Byrom, and Thomas Ganger abstaining.

General Public Comment: None

Member Response to Public Comment: None

HPPC Co-Chairs/Steering Committee Report

The Attendance Policy

Copies of the document entitled,"*ATTENDANCE, LEAVE OF ABSENCE, AND MEMBER DISMISSAL AND RESIGNATION DUE TO ABSENTEEISM*" (the Attendance Policy) had previously been sent to members and copies were available at the meeting. Gayle Burns asked if members had received and reviewed the Attendance Policy.

Motion was made by the Steering Committee and seconded to approve the Attendance Policy. Discussion followed.

- Michael Cooley asked if there would be exemption made for medical/HIV absences.
  - ⇨ Steven Tierney explained that the intention is to deal equally with members who miss meetings, and that if a member can't participate at a certain level they should move to Emeritus (non-voting) status.
  - ⇨ Steven Tierney also pointed out that Parity, Inclusion and Representation (PIR), one of the Council's guiding principles, requires each member's participation so as to form a synergy of voices from the community.
  - ⇨ He concluded that the idea is to avoid establishing tiers of membership.
  - ⇨ Michael Cooley indicated his understanding of the concept, with objection.
- Steve Gibson drew the Council's attention to the first sentence in the Policy section:

  "*A member may have four absences combined from regular Council meetings or meetings of their assigned committee (or task force or working group, if that is their assignment) per calendar year, no more than two consecutively, and still remain in good standing.*"

  He stated that meetings of "*task forces*" and "*working groups*" should not be included in the policy as they are not officially part of the Council's business. He proposed deleting the parenthetic clause, "*(or task force or working group, if that is their assignment).*"
  - He explained that if participating in task forces or working groups can not fulfill one's membership obligation it should likewise not be cause for dismissal.
  - ⇨ Some discussion followed as to whether a member could be assigned to a task force or working group in lieu of a Committee assignment.

Motion was made and seconded to amend the proposed Attendance Policy so that the clause, "*(or task force or working group, if that is their assignment),*" be stricken from the first sentence of the Policy section. There was no further discussion. No objections were raised. The motion passed with Perry Rhodes III and Ed Byrom abstaining.

There was no further discussion of the motion to accept the Attendance Policy as amended. The vote was by a roll call. The motion was approved, roll call vote attached.

- Israel Nieves-Rivera noted that the implementation process is that this new policy takes effect in the following month - during April 2005.

<u>Other Issues from the Steering Committee</u>

- Steven Tierney announced that the next planning meeting for the national HIV Prevention Leadership Summit will take place at the Alameda Public Health Department on 03/15/05.
- He also announced a bill passed by the California Senate and signed by the Governor allowing pharmacy access to syringes.
  - ⇨ He explained that the SF Board of Supervisors engineered the legislation and that allows a local ordinance permitting SF pharmacies to sell up to ten syringes at a time to a person without a prescription.
  - ⇨ He noted that both Walgreens and Rite Aid have indicated that they will participate in this program, as well as other smaller, local pharmacies.
  - ⇨ He also explained that there are some restrictions in this program, including that pharmacies participate in a local syringe clean-up project.

  This news was greeted by applause.
  - ⇨ Angie Beyer asked if that would change the law about carrying syringes.

- Steven Tierney explained that the law has law enforcement provisions, including that participants should not be harassed.
- He added that the same is true for the local needle exchange program and that violations should be reported to the SF DPH.

⇨ Gwen Smith asked if the syringes would be affordable.
- In response, Steven Tierney reported that Walgreens says they will be $1.10 each.

⇨ Gwen Smith then asked if this would affect needle exchange.
- Steven Tierney explained that the need for needle exchange would remain, particularly as some people couldn't go into a Walgreens or Rite Aid.

⇨ In response to Aaron Cohen's question, it was explained that there would be a range of ages for participants.

⇨ Michael Cooley questioned if there is an issue involved in syringe (sharps) disposal.
- Steven Tierney noted that there is a city-paid program that, upon request, will clean up a site, adding that to HPS' experience it actually works very well.
- He noted that information would be forwarded to members on the Working Group forming to deal with this new program.

⇨ Israel Nieves-Rivera asked if there has been discussion about helping pharmacies to be aware of the special needs of people who will participate in this program.
- Steven Tierney suggested that this would be looked at and invited referring trainers who could deal with this sort of issue to the Working Group.

Letters of Support

Gayle Burns drew members' attention to the copies of two draft letters distributed. The first addressed to Dr. Anna Barbara Moscicki in reference to Adolescent Trails Network (ATN) dated 03/10/05. The second addressed to Sharon Dolan regarding Health Initiatives for Youth (HIFY) dated 03/10/05. Copies of these letters are available to absent members upon request.

ATN

- Catherine Geanuracos provided background on the this program including:
  - ⇨ ATN is a combined prevention and clinical trials network for HIV (+) and (-) adolescents (between 18-24 years of age),
  - ⇨ ATN works closely with a number of providers and with members of the community,
  - ⇨ The HPPC has previously issued letters of support,
  - ⇨ This letter relates to ATN's application for a five-year funding cycle,
  - ⇨ ATN has reported its findings to the Youth Committee, as requested at the issuance of a previous letter of support,
  - ⇨ The work done by the ATN compliments programs at the SF DPH,
  - ⇨ It has been funded to look at structural issues, and
  - ⇨ It brings an empowerment type of intervention to youth, particularly young MSM in the Castro and Mission neighborhoods, and to young men of color.

Motion was made by the Co-Chairs and seconded to approve the letter addressed to Dr. Anna Barbara Moscicki as drafted. Some discussion followed.

- In response to a question Catherine Geanuracos indicated that ATN would be pleased to present a report of its findings to a meeting of the Council.

There was no further discussion. No objections were raised. The motion was approved with Catherine Geanuracos and Rafael Cañadas abstaining.

HIFY

- Steven Tierney provided background including:
  - ⇨ HIFY is applying to the Substance Abuse and Mental Health Services Administration,
  - ⇨ The proposed is a letter of support and collaboration,
  - ⇨ HIFY proposes working with the HPPC and its Youth Committee in collecting data,
  - ⇨ The grant HIFY is applying for focuses specifically on minority populations, and
  - ⇨ HIFY and HPPC have a long-standing relationship
    - Including representatives of HIFY serving on the Council in most years.
- Perry Rhodes III expressed concern about the proposed Youth Committee's commitment.
  - He asked what the expectations are regarding the clause, "*... and other meetings as necessary.*"
  - ⇨ Israel Nieves-Rivera noted that HIFY have agreed to the HPPC's conditions for issuing a letter of support as laid out in The Plan, including that the program must:
    - Present their findings to the Council,
    - Hold a Community Forum to report findings, and
    - Conduct a Needs Assessment.
  - ⇨ Tracey Packer and Catherine Geanuracos both reported that Sharon Dolan had indicated that her expectation was for one or two meetings with the Youth Committee.

Motion was made by the Co-Chairs and seconded to issue the letter addressed to Sharon Dolan dated 03/10/05 as drafted. There was no further discussion. No objections were raised. The motion was approved.

Input to the Parking Lot

Gayle Burns drew members' attention to the list of Parking Lot items as of 02/24/08 on the second page of the Agenda. She then invited additions. (Suggested items underlined below)

- Gayle Burns suggested a presentation on the recently published SF Human Rights Commission's report on the Medical Normalization of Inter-sexed People.
- She also suggested Gay Men's Health.
- Ken Vail suggested Safer Injection Rooms and Syringe Exchange and Disposal Machines.
- Marcel Miranda suggested a follow up on Condoms in Jail.
  - ⇨ Israel Nieves-Rivera noted needle exchange actually takes place in Washington, DC and suggested a report on how it works there.
- Rafael Cañadas would like to hear more about what is going on with The AIDS Quilt.
  - ⇨ He noted this is a good way of bringing AIDS to people's awareness.
  - ⇨ Marcel Miranda suggested exploring the AIDS Office, or someone, displaying it, or part of it, and making The AIDS Quilt More Accessible in SF.
- Tuck Mayo suggested more information about Sex Work and Youth.
- Abbie Zimmerman suggested hearing about How Line Staff Takes Care of Themselves when Working with HIV Clients.
  - ⇨ Joani Marinoff noted that she teaches on this subject and has information about that.
- Joani Marinoff suggested a report on the Visitation Valley SCAN.
- Janetta Johnson suggested agencies funded through HPS to present What Interventions Are Working for them.

Israel Nieves-Rivera explained that the Council had previously decided to close the Parking Lot after its March meetings to allow sufficient time to work all items into its schedule. He added that the Council would nonetheless continue to address issues that might come up.

Motion was made and seconded to approve the proposed items for the Parking Lot. There was no further discussion. No objections were raised. The motion passed.

Abstention

Abbie Zimmerman asked for clarification on the use of an abstaining vote. Explanation was provided including the following.

- ⇨ A member should abstain if she/he has no opinion, is not comfortable, or is not prepared to vote on the motion.
- ⇨ An abstaining vote is neither for nor against the motion.
  - The majority of non-abstaining votes determine the disposition of motions.
- ⇨ In the minutes an abstention indicates that the member was present, but did not cast a vote.
- ⇨ A member should also abstain when there is a conflict of interest.

Pending Legislation

- Former Council member, Bill Barnes said that he would forward information – including when it is due to be debated – about a State bill regarding condoms in jail.
- Steven Tierney noted that the State is also looking at Names Reporting for testing.
  - ⇨ He explained that in an attempt to protect the identity of people being tested, and encourage people to be tested, California tests currently include:
    - Anonymous Testing in which there is no connection between the identity of the person testing and the results; and
    - Confidential Testing in which a non-traceable '*Unique Identifier*' is used linking the person and the test results.
  - ⇨ The CDC, he continued, has gone to a system which is preferential to Names Reporting in which the identity of the person being tested is tied to the results.
    - To encourage Names Reporting CDC is not recording data that uses Unique Identifiers, rather than names.
  - ⇨ The State of California and the State Office of AIDS and Health Services has been steadfast in its opposition to Names Reporting.
    - He noted, however, that LA has asked the State to adopt Names Reporting so as to have more accurate and comprehensive data.
    - The Legislature is conducting a planning meeting on this change in the near future.
  - ⇨ He added that he will suggest to the Steering Committee that this topic be on the Council's agenda next month.
  - ⇨ Barbara Adler expressed support for a discussion of Names Reporting and the value of hearing all sides of the issue.
    - She pointed out that such discussions are valuable to providers who need to understand the issues involved so as to explain them to clients.
  - ⇨ She added that the confidential data AHP has collected might have to be disregarded.
  - ⇨ Israel Nieves-Rivera suggested the discussion should include what the motivations are for making a change.

- He asked if the change motivated by funding or prevention considerations.

⇨ He added that this is a topic which evokes passionate opinions and suggested members discuss this topic with a view to which fears are actually from the community, and which are predominantly amongst activists.

⇨ Tuck Mayo suggested that there are always alternatives.

Report of New Strain in NYC-Presentation and Discussion

Gayle Burns introduced Al Liu, MD, Director of HIV Prevention Intervention Studies, HIV Research Section, SFDPH AIDS Office to discuss the alleged "*new strain*" of HIV found in New York City. Printouts of his presentation entitled, "*A Case in NYC: HIV Resistance & Implications for Prevention*" were distributed, copies of which are available to absent members upon request.

Albert Liu provided an overview of the widely reported case of the man in NYC with what has been described as a new strain of HIV which is multi-drug resistant and quick-progressing (the NYC Case). The following are highlights of items not found on the printed copy.

- The subject of the NYC Case probably seroconverted 5-20 months prior to his first HIV (+) test result in 11/04 (Slide 5).
- This case did not respond (was resilient) to three major categories of HAART, but was sensitive (was not resilient) to newer classes of drugs (Slide 5).
  - ⇨ Also noteworthy that some NRTI may have had therapeutic effect (Slide 23).
- The combination of 1) multi-drug resistance and 2) rapid progression is somewhat unique, although there is history showing a percentage of all cases demonstrating each of the components (Slide 6).
  - ⇨ Three-class Drug-Resistant HIV has a prevalence of 13% (Slide 12)
  - ⇨ Two longitudinal studies show .45% progress from seroconversion to AIDS in 12 months or less and the cumulative probability of such progression is 1.1% (Slides 21 & 22).
- Despite rumors, a cluster of similar cases has not been found (Slide 7).
- Slide 18 is an example a Genotype test which shows drug resistance as a result of mutations.
  - ⇨ Limitations of using a Genotype test to gauge drug resistance include:
    - Indication of resistance does not rule out therapeutic benefit from that drug, and
    - HAART drugs in use at the time of the test may affect the results.
- Slide 19 is an example of a Phenotype test and shows the dosage of drugs needed to affect this specific sample of HIV.
  - ⇨ Different levels of resistance may be overcome with differing dosages (Slide 24).
- The NYC Case calls into question whether or not the media is the appropriate means of informing the public of developments (Slide 28).

The attendees expressed their appreciation for Albert Liu's presentation with applause.

Discussion

- Israel Nieves-Rivera asked how many drugs were tried in the NYC Case.
  - ⇨ Albert Liu said that Genotype and Phenotype tests determined the Drug-Resistance.
- In response to Joani Marinoff's question, Albert Liu said that virus can develop into being a Syncytium Inducing (SI) Virus.
- In response to Michael Cooley's question, Albert Liu explained that the Cumulative Probability chart (Slide 22) includes people using HAART, although he was not sure what percentage were using these medications.

- Responding to Derrick Mapp's question, Albert Liu said that there was no indication that the NYC Case had used HAART as a prophylactic.
- Marcel Miranda asked where this man met his sexual partners.
  - ⇨ Albert Liu said that he didn't know the answer, that it is an important question, and that many researchers have remarked that the details on this case have been sparse.
- Marcel Miranda then asked if there is data about the rate of progression among people who acquire HIV by way of receptive Unprotected Anal Intercourse (UAI).
  - ⇨ Albert Liu indicated that such data is available.
  - ⇨ He also noted that there seems to be equal risk to people who engage in UAI with people they believe to be HIV (-) and those partners of unknown sero-status.
- Marcel Miranda also asked what was surprising, if anything about this case to Dr. Liu.
  - ⇨ Albert Liu responded that this case really isn't that surprising, that although this was the first case to be reported on of both Multiple Drug-Resistant and Rapid-Progression HIV, cases are known to have existed.
  - ⇨ He added that this leads to question if this case warranted a press conference.
- Abbie Zimmerman asked who made decision to hold a press conference.
  - ⇨ Albert Liu said that the investigators in NYC took the case to the health department which, in turn, decided - probably hastily – that they wanted to get the word out.
- Catherine Geanuracos said that in her experience a lot of young men progress quickly from infection to AIDS and, were drug-resistant. So, when she heard about the NYC Case she didn't understand why it was getting so much attention.
  - ⇨ She asked what the reaction was like in NYC.
  - ⇨ Steven Tierney responded the NY HIV Forum took SF's lead and held a Community Forum on this case.
  - ⇨ He explained that SF the AIDS Office position, and subsequently the NY position, is that members of the community have an absolute right to the most up to date information.
    - At both Community Forums the facts were laid out, pretty much as reported in Dr. Liu's presentation.
  - ⇨ He added that in NYC the reaction to the health department process seems to be getting angrier.
- Barbara Adler asked how the NYC Case had been tested.
  - ⇨ Albert Liu explained that a poster presented at the Retrovirus Conference detailed the times this person had been tested.
  - ⇨ Steven Tierney added that this man had been testing with his private provider, not at a public healthcare facility.
- Ken Pearce asked if virus that has become drug resistant due to the use of HAART (Secondary Resistance) is transmittable.
  - ⇨ Albert Liu said that while this could happen, the data is fairly strong that the virus is less transmittable when a person is being treated, which would make transmission of a secondary resistant virus less likely.
- Rafael Cañadas noted that the reporting of this case has caused an increase in homophobia and discrimination, and asked about educating the media about the attention this case got.

- ⇨ Steven Tierney responded that there is a CDC connected National Association of State and Territorial AIDS Directors forum on Gay Men's Health 03/16/05 in Washington, DC and that he would carry this message to that meeting.

- Israel Nieves-Rivera asked if information was provided about this man's health resulting from his use of Crystal Methamphetamine for an extended period of time.
  - ⇨ Albert Liu indicated that there wasn't a lot of information about this person's health other than HIV presented at the conference.
  - ⇨ Information on this man's health, he pointed out, is only now coming out.
  - ⇨ He also noted that there was no information about possible genetic contributing factors.
- In response to Angie Beyer's question, Albert Liu said that it is possible that the man in the NYC Case had sero-converted prior to his last HIV (-) test result.
- Angie Beyer then asked about reports she had heard regarding the development of an HIV test that shows when a person is infected.
  - ⇨ Albert Liu said that there is a test, the Detuned ELIZA, that looks at antibody response, which gives an indication of when infection took place, but it isn't precise.
- Michael Cooley asked if they contacted and tested the sex partners of the NYC Case, and if so what did that investigation show.
  - ⇨ Albert Liu said that the NYC Case's sex partners have been contacted and tested and that the investigation is in process.
- Gwen Smith asked about the NYC Case's Viral Load when his CD4 count was 80 in 01/02.
  - ⇨ Albert Liu indicated that his Viral Load was around 250K, which is fairly high and that his CD4 count did not rebound after sero-conversion, as is often the case.
- Joani Marinoff explained that she was in San Diego the weekend the NYC Case broke and there were rumors of a contact, or similar case there, and the reaction was somewhat hysterical; it was front-page news.
- Bill Barnes noted laboratory versus clinical resistance, where the lab tests indicate resistance, but there is actual response in the person. He asked if Project-T has information about transmission of resistance without viral transmission.
  - In way of example he questioned if an HIV (-) Project-T participant who developed a drug resistance (due to the prophylactic use of Tenofovir) could transmit that Drug Resistance to an HIV (+) sex partner.
  - If this hasn't been ruled out he questioned the wisdom of providing Tenofovir to 200 people for two years in a city with a 16% prevalence of Drug Resistance.
  - ⇨ Albert Liu indicated that hasn't been looked at as far as he knows and that he would have to think about such a possible mechanism and get back to the Council on this point.
- Tracey Packer noted that information from the Retrovirus Conference is on the Internet at www.retroconference.org.
- Israel Nieves-Rivera relayed that he was in Chicago on 02/12/05 (UCHAPS Conference) and that representatives from NYC not only talked about this case but also about transmission of drug-resistant strains of the virus from HIV (+) to other HIV (+) people.
  - He asked if there was discussion on this point at the Retrovirus Conference.
  - ⇨ Albert Liu said that there was some discussion of "*Super-Infection*" but that Dr. David Ho, the NYC Case investigator, indicated that he couldn't speculate on such a possibility.
  - ⇨ He also noted that there was other information presented, not relating to the NYC Case about re-infection.

- Ken Pearce pointed out that a couple of studies were presented about re-infection, which indicated that HIV (+) people who are on medication for two years have only a slight chance of acquiring another strain of the virus.
  - There is, he noted, some data indicating a slight incidence of acquiring another strain of HIV during the first two years of treatment.
  - Ken Pearce summarized his understanding that after two years of treatment one's resistance/immune response is strong enough to keep other strains out.
  - ⇨ Joani Marinoff indicated that if these findings are correct people not on treatment shortly after seroconversion are particularly vulnerable.

HIV Prevention Implications: Discussion and Recommendations by the HPPC

Gayle Burns explained that members would be asked to share their reactions and recommendations to this presentation. Responses were provided by going around the room, and included the following.

- Joani Marinoff: Pointed out that right after the NYC Case was reported there was information and data on the SF new web site that she could, and did, use.
  - ⇨ She suggested that the Council's role might be to confront the myth.
  - ⇨ She also suggested the Council look into developing recommendations/suggestions to local media on how to handle similar situations, including that the HPS/HPPC is a resource that they could refer to.
- Tuck Mayo: Thanked Dr. Liu for his presentation and explained that all he had seen was what was reported in the media, and it was frightening. He questioned if this was the first such case in NYC, or if the people in NYC who released the story to the media understood that the case isn't really new/completely unique.
  - ⇨ Albert Liu indicated that he couldn't speculate on what was understood by the people in NYC, but he believed the intention was good and that they wanted to get the information out as quickly as possible.
- Angie Beyer: Suggested the HPPC solicit Council participation from media representatives.
  - ⇨ She expressed discomfort with the media reacting irresponsibly.
  - ⇨ She also noted that this might have implication for Prevention With Positives efforts.
- Matt Jennings: Suggested that the situation has a '*silver lining*' in that it created discussion and put awareness of HIV back into the forefront.
  - ⇨ He pointed out that if the NY Case really was a new development and it wasn't reported people would have been upset that such information was withheld.
- Perry Rhodes III: Thanked Dr. Liu and "*dittoed*" the previous comments.
- Chadwick Campbell: Expressed that he was at a loss as to what is different about this case.
  - ⇨ He questioned why there has been so much national reaction to this case.
- Derrick Mapp: Explained that he was in NY the week of the announcement and found the reaction among people there to be quite low-key, that people have a certain expectation that that there would be hysteric reaction to any news.
  - ⇨ He suggested the members need to have a way of reacting to hysteria in the community.
  - ⇨ He also suggested the need for corrective action to ensure facts, not hysteria, is reported in the media.
- Marcel Miranda: Expressed his discomfort with the media's coverage the NYC Case.

- Nonetheless he was encouraged by Steven Tierney's appearance on television putting things into perspective and expressed confidence in the Steering Committee and Steven Tierney is ability to deal with the media.
- He noted his displeasure with the media's silence regarding the Retroviral Conference's Media Release that essentially said, "*Here is what we know, we don't know much.*"
  - He pointed out that a half an hour after the conference's release about the NYC Case, the lead story reported from the conference was that HIV among African Americans has gone up over the past ten years - which isn't "news."
- He also indicated that the NYC Case is an example of why prevention is at a critical juncture and funding is tight.

- Janetta Johnson: Thanked the Steering Committee for bringing this presentation to the Council, which was very informative.
- Gwen Smith: Said that she has learned to be skeptical about all media reports and that this was a reminder to "*Believe only 10% of what you read and none of what you see.*"
  - She added that she was comforted by the information Steven Tierney conveyed on the news, which added to the relative calm in SF compared to hysteria elsewhere.
- Barbara Adler: Expressed her skepticism about media and expressed appreciation for how the Council is responding.
  - She added that pharmaceutical companies' interests drive most media attention.
  - She also pointed out that when media has been present at Council meetings in the past, she didn't always recognize what was discussed in their coverage.
- Michael Cooley: Said that prevention's mission remains unchanged: Stop HIV transmission.
  - He added that maybe the NYC Case is a chance to reinvigorate people's interest, that HIV remains a serious disease, and that people should really try not to get it.
- Ken Pearce: Reflected about on the past twenty years and that the media has been lambasted when they report on HIV, and when they don't.
  - He pointed out that the alternative to media reports prior to all of the facts being made clear would be to tell the DPH to withhold information.
- Ed Byrom: Expressed his appreciation of the way the SF DPH responded, particularly Steven Tierney's reporting at the Community Forum.
  - He also expressed that he was disturbed by what was done in NY, and characterized it as "*Irresponsible.*"
  - He suggested that the fallout from this incident may be around for years, and that the right wing will use this against the LGBT community, including by cutting funding.
  - He also suggested that the fallout has barely begun.
    - He cited messages he has received about "*The strain.*"
- Rafael Cañadas: Said that he still has a lot of questions about this case.
  - He expressed his appreciation of the SF DPH for providing the biologic perspective.
  - He noted that it is important that people who are the general community's contact point on issues of HIV and Gay Health get good information.
  - He pointed out that many such people don't have the resources, including the language capacity to get good, accurate information.
  - He also questioned if there is a connection between the NYC Case and one's reported in British Columbia and San Diego, or if there is some sort of conspiracy at work.

- Abbie Zimmerman: Thanked the Council for the discussion. She expressed putting HIV back in the foreground is a positive outcome of this incident, noting that people have become complacent.
  - She cited her experiences with young people who have expressed the opinion that HIV is no longer a '*Big deal* as there are medications to address it.
  - ⇨ She added that the way the NY DPH handled this was not good and that she learned a lot from the presentation.
- Ken Vail: Thanked Dr. Liu and said that the people he works with in the Tenderloin don't need, and were not helped by, the media reports on the NYC Case.
  - ⇨ When his clients ask about the NYC case he tries to lower the hype and explain calmly that little is actually known, and what is known is really not new.
  - ⇨ He added that he doubts that the NY health department released information on this case only out of the goodness of their hearts, expressed his suspicion that the politics of HIV have played a part in this, and that the incident may well be studied for years to come.
  - ⇨ He expressed his support for the thoughtful SF reaction.
- Steve Gibson: Said that the "*Culture of fear*" is worrisome. He observed that this incident brought to mind talk of plastic and duct tape (shortly after 9/11/01).
  - ⇨ He pointed out that the media did their job, which is to sell papers; but that the NY health department, on the other hand, didn't do their job.
  - ⇨ He suggested this incident is being used to demonized gay men and substance users.
  - ⇨ He said he had though that the prevention community had learned that scare tactics don't work.
  - ⇨ He also agreed with Ed Byrom, that the repercussions from this incident might be long lasting and could include reduction in funding and of harm reduction programs.
    - He added that this could well be used to misrepresent gay men as irresponsible.
  - ⇨ He concluded by suggesting that community input is essential, which in part is the role the Council fulfills.
- Gayle Burns: Apologized on behalf of NYC, as she grew up there. She noted that Israel Nieves-Rivera, Steven Tierney, Lisa Reyes and she were at a UCHAPS conference in Chicago when this news broke.
  - ⇨ She said was proud of the way the SF responded, as the DPH and Council didn't fall for the hype and acted responsibly.
- Israel Nieves-Rivera: Said that there is a need to get information to the public quickly and accurately, particularly at this critical time.
  - ⇨ He expressed concern with the way news about this case was handled by the NY health department, characterizing it as, "*Irresponsible.*"
    - He suggested their actions were motivated by fear, rather than by a desire to get people into treatment.
    - Their handling of this case has not promoted a healthy discussion about HIV.
  - ⇨ He suggested that the release of information on this case may signal a shift in strategy, that it may not be a coincidence that the new Director of the NY health department is a former CDC employee, and that the CDC is calling for increased testing as well as emphasis on prevention efforts for HIV (+) people.
    - He suggested that all of this may hint at a planned strategy.

- ⇨ He expressed his hopes that doctors and researchers need to advocate and hold the NY health department accountable for how this case came out.
- ⇨ He said that an immediate response with a level of attention equaling the original, is called for, and that the NY health department should be held accountable to provide periodic updates.
- ⇨ He concluded that he expects to hear much more talk about the CDC's ABC's (Abstinence, Being faithful, and Condoms) and to hear the NYC Case used to justify their Advancing HIV Prevention initiative.
  - The next several months to several years may be a busy time trying to undo the damage done by the hype surrounding the NYC Case.

• Steven Tierney: Thanked the Council and explained that what he did was what he was directed to do by the HPPC. He provided some background:
  - The Council has discussed several times how to react to media reports.
  - It wisely decided not to have a "*Rapid Response Committee.*"
  - Rather it decided it would rather have a "*Thoughtful Response Committee.*"
  - What was done at the AIDS Office was at the direction of the Council.
- ⇨ He thanked the Health Education staff for quickly getting factual information onto the website.
- ⇨ He also pointed out that the San Francisco Leadership Initiative (SFLI) has concluded that there is need for strong reaction to the developing trend, including the following.
  - As a direct result of the coverage of the NYC Case Congressman Souter, who was the person responsible for the investigation into the Stop AIDS Project, has called for an investigation into harm reduction programs and the national response to Methamphetamines.
  - There are also people calling for the end of prevention funding for gay men because of "*Reckless sexual practices.*"
    - This is despite the fact that the science shows that prevention efforts are and have been effective, including Needle Exchange which Congress will not fund.
- ⇨ He suggested the Council explore ways of addressing the pervasive message in the media that "*We don't know what this is about*" because some things are known, including:
  - There was only one case in NYC;
  - Cases in San Diego and British Columbia are not related
    - Contact tracing as well as lab tests both confirm that there was no connection,
    - Although the NY health department has not issued a statement clarifying this; and
  - Although the subject of the NYC Case reportedly had unprotected sex with 100 people no other cases have shown up.
    - The lack of spread is scientifically valid proof that the NYC Case does not indicate that a new multi-drug resistant, quick-progressing strain of HIV has emerged.
- ⇨ He suggested the Council take action to ensure that the medical and scientific community reports what is known and does not hide behind statements such as, "*We don't know.*"

- ⇨ He added that if the case had been in SF he would have wanted it reported, but with a clear explanation that there has been only one case, which is interesting and need to be looked into.
- ⇨ He also suggested that some information needs to be put out summarizing what is actually known and presented in an understandable manner.
- ⇨ He expressed concern about people wondering what the NYC Case means in regards '*Super-Infection,*' and their efforts at sero-sorting.
  - He expressed particular concern for young people and those people who are not well connected with the City's HIV prevention mechanisms.
- ⇨ He summed up by saying that, "*Until we know something different, we know what we know*" and that is the message that needs to get out.
  - The Council has directed the AIDS Office to provide thoughtful responses, including having briefings from public health medical professionals such as the presentation at this meeting.
  - The Council also needs to endeavor to have the same thoughtful, factual reactions from other public health, medical, and scientific sources.
- ⇨ For now, he added, it is up to the members of the HPPC to use the information provided to clarify the situation in our communities and take the conversation to another level.

The attendees expressed their appreciation for Steven Tierney's comments and concluded this part of the agenda with applause.

Summary, Evaluation, and Closure of Meeting

Gayle Burns reminded members to execute their evaluation forms.

The meeting adjourned at 5:45 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer and Gayle Burns.

Reminder: The next HPPC meeting will be held on Thursday, April 14, 2005
City Hall, Room 201, San Francisco.

Role call votes to amend the proposed Attendance Policy.

Member	Vote
Barbara Adler	Yes
Angie Beyer	Yes
Matt Blanchard	Absent
Gayle Burns	Yes
Edward Byrom	Yes
Chadwick Campbell	Yes
Rafael Cañadas	Yes
Aaron Cohen	Yes
Michael Cooley	Yes
Michael Discepola	Absent
Thomas Ganger	Yes
Catherine Geanuracos	Yes
Steve Gibson	Yes
Robert Gomez	Yes
Tamika Gonzales	Absent
Matt Jennings	Yes
Janetta Johnson	Abstain
Tom Kennedy	Absent
Thomas Knoble	Absent *
Derrick Mapp	Yes

Member	Vote
Joani Marinoff	Yes
Tuck Mayo	Yes
Marcel Miranda	Yes
John Newmeyer	Absent
Israel Nieves-Rivera	Yes
Ken Pearce	Yes
Perry Rhodes III	Yes
Andre Robertson	Absent
Gail Sanabria	Non-voting mbr.
Mike Schement	Absent
Gwen Smith	Yes
Frank Strona	Absent
Steven Tierney	Yes
Ken Vail	Yes
Abbie Zimmerman	Yes
Total	
Yes	24
No	0
Abstain	1
Absent	10

* Please Note: Thomas Knoble was not present at the time of the roll call vote, but was in attendance later in the meeting.

HIV Prevention Planning Council Meeting
Thursday, April 14, 2005
3:00-6:00 pm

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Agenda

Meeting called by Co-Chairs: Gayle Burns, Israel Nieves-Rivera, and Steven Tierney

3:00 pm	**Welcome, Introductions, and Announcements**	**Israel Nieves-Rivera**
3:15 pm	**Review and Approval of Minutes of March 10, 2005** *(VOTE)*	**Israel Nieves-Rivera**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Israel Nieves-Rivera**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. *(POSSIBLE VOTE)*	**Israel Nieves-Rivera**
3:50 pm	**Introduction and Update: HIV Counseling and Testing in San Francisco**	**Teri Dowling, Coordinator of HIV Counseling and Testing in SF**
4:20 pm	**Reports from the Field: Experiences of HIV Counselors**	**TBD**
4:35 pm	***Break***	
4:50 pm	**Report from the State Office of AIDS: HIV Counseling and Testing**	**Kevin Farrell, Acting Director of HIV Education and Prevention, California State Office of AIDS**
5:20 pm	**Discussion: Names and Non-Names Reporting** **Discussion: Anonymous and Confidential Testing** *(POSSIBLE VOTE)*	**HPPC Members**
6:00 pm	**Summary, Evaluation, and Closure of Meeting**	**Israel Nieves-Rivera**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Youth: Wednesday, April 20, 3:00-4:30 PM, 25 Van Ness Ave, 330A
Prevention with Positives: Tuesday, April 26, 4:30-6:00 PM, 25 Van Ness Ave, 330A
Steering: Thursday, April 28, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Substance Use & HIV Risk: Thursday, May 5, 4:00-5:30 PM, 25 Van Ness Ave, 330A
Membership/CLC: Monday, May 9, 3:00-5:00 PM, 25 Van Ness Ave, 5th Floor Conf Room
Full Council: ***Special training, no Council meeting in May.***

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HIV PREVENTION PLANNING COUNCIL

Minutes

April 14, 2005

The next HPPC meeting will be held on **Thursday, April 14, 2005**
3:00 – 6:00 p.m.
San Francisco City Hall, Mayor's Conference Room (201)
San Francisco

Members Present:
Barbara Adler
Gayle Burns
Edward Byrom
Chadwick Campbell
Rafael Cañadas
Aaron Cohen
Michael Cooley
Michael Discepola
Thomas Ganger
Steve Gibson
Robert Gomez
Matt Jennings
Janetta Johnson
Tom Kennedy
Thomas Knoble
Derrick Mapp
Marcel Miranda
John Newmeyer

Members Present, continued …
Israel Nieves-Rivera
Ken Pearce
Perry Rhodes III
Andre Robertson
Gwen Smith
Frank Strona
Steven Tierney
Abbie Zimmerman

Members Absent:
Angie Beyer*
Matthew Blanchard
Catherine Geanuracos*
Joani Marinoff*
Tuck Mayo
Gail Sanabria*
Ken Vail
* called in absence.

HIV Prevention Section:
Teri Dowling
Shelley Facente
Vincent Fuqua
Guillermo Gonzalez
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes
Marise Rodriguez
Jen Sarché
Alice Heimsoth
Jimmie Naritomi

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Process Evaluation Team:
Alison Wakefield

Harder + Co.:
Kym Dorman
David Weinman (Minute Taker)
Allison Weston

Guests:

Erika Abrams – El Obsenador
Greg Altman
Erick Arguello – Aguilas
Greg Austin, Sr – Balance Project/UCSF CAPS
Gaby Bernel – MNHC[1]
Ramiro Bojorquez – IFR[2]
Alya Briceno – SFNE[3]
Rodrigo Caldera – AGUILAS
Scott Campbell – SFNE[3]
Shemena Campbell – SFNE[3]
Lili Castillo – MNHC[1]
Hector Ceballos – MNHC[1] – Hermanos de Luna Y Sol
Michael Chestney
Luis Ciprez – AGUILAS
Carrel Crawford – AHP[4]
Twiggy Dahry – IFR[2]
Peter Davidson – SFNE[3] /UCSF UFO
Jennifer Dean – SFNE[3]
Jim Dilley – UCSF AHP[4]
Jason Doss – SMHC[5]
Eleusis Eleusis – IFR[2]
Kevin Farrell – OA
Consuelo Ferreda – IFR[2]
Peter Geissert – NEED[6]
Rob Gitin – At the Crossroads
Prado Gomez – PCPV
Isela Gonzalez – FAP
Marilyn Griffin – SMHC[5]
Dave R. Guith – Magnet
Randal Gutierrez

HIV PREVENTION PLANNING COUNCIL
Minutes
April 14, 2005

Guests, continued …

Berta Hernandez - IFR[2]
Miguel A. Hernandez – AGUILAS
Richard Hill – SFAF[7]
Mary Howe – SFNE[3]
Alejandro Hurleus – PCPV[11]
Gary Joe – SMHC[5]
Billie Jean Kanios – HSPC[10]
Brian King – AIDS Health Care Foundation
Gus Klein – HRC[8]
Kate Monica Klein – FAD
Alex Kral – UHS/UCSF
Eligie J. Lopez – AGUILAS
Luis Lopez – AGUILAS
John Marez – AGUILAS
Michelle Mitzury - IFR[2], Client
Cesar Monrey – HLS
Martha Montgomery – SFNE
Pete Morse - SFNE
Maria Rinaldi – IFR
Ricardo Rames
Ramon Ramirez – AIDS Health Care Foundation
Matt Rice -AHP[4]
Shannon Riley -MNRC[9]
Juan Pablo Rldana
H. Marilyn Speiter – SMHC[5]
Jesus Temecas – AGUILAS
Luciana Tsay – TNDC
Romelio Vargas – AGUILAS
Melaku Woldemarian – TB Control

Key to Guests' Affiliation Abbreviations

[1] – MNHC (Mission Neighborhood Health Center)
[2] – IFR (Instituto Familiar de la Raza)
[3] – SFNE (San Francisco Needle Exchange)
[4] – AHP (AIDS Health Project)
[5] – SMHC (South of Market Health Center)
[6] – NEED (Needle Exchange Emergency Distribution, Berkeley)
[7] – SFAF (San Francisco AIDS Foundation)
[8] – Harm Reduction Coalition
[9] – MNRC (Mission Neighborhood Resource Center)
[10] – HSPC (Health Services Planning Council, the Care Council)
[11] – PCPV (Proyecto ContraSIDA Por Vida)

Welcome, Introductions, and Announcements

Co-Chair Israel Nieves-Rivera called the meeting to order at 03:05 PM. (He noted quorum was present.) He reminded the attendees to sign in and asked quests wishing to address the Council to fill in and submit a "*Public Comment*" form. He explained that Co-Chairs rotate responsibilities, including facilitating meetings. He noted that a large number of guests had asked to address the Council and explained that an attempt will be made to allow all to be heard, but that time is limited. He reminded members to fill in their Evaluation Forms and to execute the "*Local Implementation Group (LIG) Training and Technical Assistance Survey*," forms that had been distributed by email.

Israel Nieves-Rivera then explained that the agenda had been prepared for a discussion of HIV testing issues. In lieu the community's interest in discussing the recent issuance of the SFDPH AIDS Office's response to application letters, items other than Public Comment and discussion of testing issues would be kept to a minimum. He invited attendees to briefly introduce themselves and make announcements.

- Gayle Burns reminded members that next month's Council meeting will be dedicated to Team Building and Cultural Diversity.
- Frank Strona distributed flyers entitled:

- ⇨ "*YUTHE Job Description,*" an announcement of job openings for Youth Peer Educator/Community Liaison Interns; and
- ⇨ "*STD Awareness Month Testing,*" announcing free after hours testing at the City Clinic, 04/28/05 and at the SF LGBT Center 04/26/05.
  - Copies of these flyers are available to absent members upon request.

- A community member and representative of IFR distributed flyers announcing that organization's, "*Farewell Event Celebration of the Miss & Mr. Gay Safe Latino' (1991-2005),* copies of which are available to absent members upon request.

Review and Approval of Minutes of March 10, 2005

Motion was made and seconded to accept the minutes of the 03/10/05 meeting. No changes or corrections were offered. There were no objections raised. The minutes were approved with Michael Discepola abstaining.

General Public Comment

Co-Chairs' Introductory Remarks

The RFP Process, thus far...

Steven Tierney provided an overview of the RFP process including the following.

- The CDC and the City of SF require contracts for services to be put out to bid.
- HIV prevention services are typically contracted on a three-year cycle.
- The HPPC writes a prevention plan which sets funding priorities.
  - ⇨ In 2004 it issued the 2004 SF Prevention Plan (the 2004 Plan).
- Based on the priorities, the City issues an RFP spelling out the services agencies are expected to provide.
- Community based agencies prepare and submit applications for services.
  - ⇨ Applications were due 02/01/05.
- A Technical Review Panel rates those applications according to the RFP and the Plan.
  - ⇨ This year the panels rated applications in three categories:
  - ⇨ Prevention with Positives (PWP),
  - ⇨ Counseling, Testing and Linkage services, and
  - ⇨ Health Education and Risk Reduction (HERR).
- Applications were received requesting $27M in services; the amount available, however, is $10.6M.
- The AIDS Office made funding allocation by category as follows:
  - ⇨ 25% each for PWP and Counseling and Testing; and
  - ⇨ 50% for HERR.

The RFP Process - Next Steps...

Steven Tierney provided explanation of the next part of the process including the following.

- If an agency's applications scored high enough by the Technical Review they are invited in to discuss which services they can provide at the recommended funding level.
  - ⇨ This sometimes involves adjustments being made to ensure the contracted services meet the identified needs.
- Awards for services are based on the BRPs described in the 2004 Plan.

- Where the applications for services to the same BRP exceeds the resources allocated negotiations take place wherein the agencies submitted the lowest rated proposal(s) may discuss reaching other BRPs where needs remain unfilled by received proposals.
- The end of the process is when award letters are issued.
- He noted that SF is currently in the middle of the process and that the legalities of the contracting do not allow discussion of specific applications.
  - ⇨ He noted that some proposals were not scored highly enough to move to the next level.
  - ⇨ He emphasized that although members of the AIDS Office can not discuss proposals' specifics, procedural questions can be addressed.
- He highlighted that several people have expressed concern to him specifically about services for Latinos and Latino MSM.
  - ⇨ The AIDS Office shares these concerns and is aware that about 14% of people living with HIV in SF are in the Latino community. Therefore, HIV Prevention will issue an Alternative Solicitation to request proposals to reach Latinos.

The Alternative Solicitation

Steven Tierney drew attention to three areas of specific concern:

- Services to the Latino Gay, MSM and HIV (+) community,
- PWP in medical or clinical setting, and

He explained that those areas would be addressed by holding back awarding some of the funds allocated to PWP and HERR. Those funds will be allocated in response to an Alternative Solicitation process, addressing the specific concerns listed as follows. The process of awarding funds under the Alternative Solicitation should be short, simple, and quick.

- Latino Gay, MSM and HIV negative and HIV (+) community - the Alternative Solicitation will focus on ensuring services to these groups.
  - ⇨ He pointed out that some providers not specifically focused on the Latino community are expected to reach Latinos within their target population.
  - ⇨ However the HPPC and Prevention have been, and remain dedicated to community based HIV prevention, thus this separate solicitation for the Latino community.
- Medical or clinical PWP services – the Alternative Solicitation will also address this category, which had been prioritized by the HPPC.
  - ⇨ He pointed out that not enough of the applications received for services to PWP in medical or clinical settings scored highly enough to be moved to the next level of evaluation.
- Needle Exchange will be continued.
  - ⇨ There are four Needle Exchange providers included in this round of proposal evaluation.
  - ⇨ He emphasized that it is not true that Needle Exchange is being eliminated, or reduced.
  - ⇨ He also pointed that there is no merit to rumors currently circulating that Needle Exchange is not being funded due to changes in City and State law allowing distribution of needles without prescription at pharmacies.

Steven Tierney expressed his hope that a positive outcome of the high volume of Public Comment will be that concerned community members participate in, and become members, of the Council and help shape policy into the future.

Israel Nieves-Rivera noted that the agenda can allow for 30 minutes of Public Comment and that due to the volume of requests, each speaker would be time limited to one minute each.

Public Comments

- Greg Austin, Sr. provided information on the Balance Project, of UCSF's CAPS program, which distributes medications. Interested parties should contact him for more information.
- Erick Arguello expressed concerns regarding the timing of the Alternative Solicitation: when will it come out and what will be the turnaround time.
  - ⇨ He also expressed his concern that a gap in funding could result in a temporary, and in some cases permanent discontinuation of services.
- Alejandro Hurleus said that he used to be an alter-boy and proceeded to light a candle. He explained that one lights a candle to commemorate those that have passed-on and that he lit this candle as a result of the cuts in services for Gay Latinos and Men of Color.
  - ⇨ With the cuts in funding to specifically to AGUILAS, IFR, and PCPV the struggle to provide prevention services has become much harder.
  - ⇨ The trust and respect that he has worked hard to establish with his clients is jeopardized by these changes in funding.
  - ⇨ He concluded by saying that the candle was lit for the few that will carry the burden that was once shared, and to commemorate all who have been affected by HIV.
- Mary Howell explained that time restriction wouldn't permit her providing all of the detail she had hoped to.
  - ⇨ She provided an overview of SFNE's services, including the following:
    - It operates three sites a week in the Haight-Ashbury district;
    - It also serves women sex workers in the Mission district;
    - It provides the only woman-only service in SF; and
    - Their night sites specifically target the young and homeless.
  - ⇨ She expressed disagreement with the language, "*No agency has been Defunded.*"
    - She pointed out that SFNE was funded and is no longer funded.
  - ⇨ She also expressed discomfort that proposals' wording was rated and programs with lower scores were cut.
  - ⇨ The result of programs no longer being funded will be that hundreds of IDU youth will be denied access to clean needles and sterile injection equipment, which will lead to higher rates of both HIV and Hepatitis C (HVC).
    - There will also be less proper disposal of discarded needles and that there will likely be large numbers of discarded injection equipment in neighborhoods and parks.
  - ⇨ Other results to young people in the Haight-Ashbury neighborhood include:
    - Loss of Case-management Services;
    - Less access to drug treatment and social services,
    - Loss of on-site medical services,
    - Loss of education about use of injection equipment and safer sexual practices;
    - Less access to HIV/HVC testing, and
    - Less access to condoms.
  - ⇨ She pointed out that SFNE has worked closely with police and have been complimented by park police on the way their programs are run.
  - ⇨ She added that denying these services to youth could lead to a public health catastrophe.
  - ⇨ She concluded by presenting approximately 200 letters of support for SFNE's services.

  Her comments were met with applause.

Mary Howell submitted a written copy of her prepared remarks. They are available upon request from the HIV Prevention Section.

- Jennifer Dean spoke on behalf of SFNE, which she explained as providing an invaluable service to youth in the Haight-Ashbury neighborhood. Her comments included the following.
  - ⇨ This service provides young people a place to get medical advice and clean needles without being looked down upon.
  - ⇨ Workers at SFNE form lasting, and important, bonds with clients.
  - ⇨ Workers at SFNE are sometimes the only place youth can go for advice, without which they would likely engage in behavior that unnecessarily puts their lives at risk.
  - ⇨ Without funding SFNE will probably not be able to continue, which will result in numerous young people getting sick and dying.

  Jennifer Dean's remarks were met with applause.
- Peter Morris introduced himself as being on the Advisory Board of the SFNE. He raised concerns including the following.
  - ⇨ A number of studies support the value of proximity of needle exchange as detailed in his written statement. The statement is available upon request from the HIV Prevention Section.
  - ⇨ Putting providers who focus on different populations into competition is misguided.
    - While various other needle exchange programs will continue to be funded, they all target different populations than SFNE, which is youth-specific.
  - ⇨ A more reasonable approach would be ensuring that every neighborhood and population is served, and that competition be between organizations servicing the same groups.
  - ⇨ He asked, "What kind of message is this sending to the homeless youth?"
    - SFDPH may be sending the same message as the police who recently arrested about 70 young people while calling them, "*Scum,*" and *"Human Filth."*
  - ⇨ He urged reconsideration SFNE's proposal.

  Peter Morris' remarks were met with applause.

Peter Morris submitted a written copy of his prepared remarks. They are available upon request from the HIV Prevention Section.

- Peter Davidson introduced himself as working at UCSF's UFO project and as being on SFNE's Advisory Board. His remarks included the following.
  - ⇨ Youth IDU are a particularly difficult population to work with and tend not to access services that are not youth-specific.
  - ⇨ While working with youth, SFNE is able to catch people at the beginning of their "*Using careers,*" often before they have contracted HIV and/or HVC.
  - ⇨ The cost of running SFNE is about the same as treating four people with HVC.

  Peter Davidson's remarks were met with applause.
- Martha Montgomery introduced herself as having worked with youth at SFNE for the past four years. Her remarks included the following.
  - ⇨ The "*defunding,*" of SFNE demonstrates a "'*corporatization culture within SF.*"
  - ⇨ Funding decisions based solely on evaluation of a written proposal ignore the widely recognized positive work being done by agencies, and contradict the principle of community-planning.

  Martha Montgomery's comments were met with applause.

- Scott Campbell expressed his support for comments being made by others.
- Shemena Campbell introduced herself as an HIV Test Counselor at SFNE. She said that she knows a lot about what is going on regarding HIV prevention among SFNE's target population, including the following.
  - ⇨ She and others at SFNE have built deep, trusting, relationships with this population.
  - ⇨ To cut funding is about the worst thing that we can be done and can destroy these relationships.
  - ⇨ These relationships are often the only point of contact between these young people and the rest of the world.
    - They are often the only ones to give memorial services for street youth.
  - ⇨ She has seen IDU as young as 13 or 14 die, but that more would have died if it weren't for the efforts of people at SFNE.
  - ⇨ That this population's HIV infection rate is fairly low is due to the efforts of SFNE.
  - ⇨ She concluded by saying that if the objective is to keep HIV rates low SFNE needs to be funded, that reducing funding will cause an increase in HIV and HVC.

  Shemena Campbell's comments were met with applause.
- Alex Kral introduced himself as a researcher working with active IDU for the past 12 years in SF. He noted that some of his papers have been highlighted in the 2004 Plan including:
  - Infection rates among young injectors highest,
  - Needle exchange works, and that
  - Young IDU are clearly an at-risk population.
  - ⇨ He highlighted that SFNE is an agency particularly focused on young IDU.
  - ⇨ He urged the use of the Alternative Solicitation to address this population.
    - He added that he is happy that there is a mechanism for set-aside.
  - ⇨ Alex Kral also expressed concern about the method of determining the funding levels.
    - He suggested the whole process be transparent.
    - That the process and formula used in negotiation are unclear.

  Alex Krall's remarks were met with applause.
- Maria Rinaldi introduced as working with IFR. She suggested that having agencies compete for funding is the wrong method to use.
  - ⇨ The winner is too often based on who has the better application writer rather than which program provides the better service.

  Her remarks were interrupted with applause.
  - ⇨ She expressed appreciation for the Alternative Solicitation's focus on the Latino community; but asked why this wasn't the case from the beginning of the process.
  - ⇨ She suggested the creation of a partnership between service providers and the DPH is not helped by a process that starts by questioning the validity of the community-based agency's services and doesn't allow for different levels of English technical writing capacity to succeed in the review process. Her comment was interrupted with applause.
  - ⇨ She pointed out that the written review of IFR's proposal included a comment that their program was good based on the criteria set by other agencies' proposals.
  - ⇨ She suggested that reviews be based on the cultural context in which it was written.

  Maria Rinaldi's comments were met with applause.
- Michelle Mitzury introduced himself and made his comments in Spanish.
  His comments were met with applause.

- ⇨ Berta Hernandez provided a summary of his comments in English, including the following.
  - He would like to see continuation and an increase in services in the Latino community.
  - He has been involved with IFR for several year and won the Mr. Gay Latino contest.
  - He said that he understands the importance of education in his community.
  - The value of services provided by IFR, and others, is that they provide services in his language, not because people write a better proposal.

Michelle Mitzury's translated remarks were met with applause.

- Marilyn Griffin introduced herself and indicated that she is with the South of Market Health Center. She explained that her reason for making public comment is to discuss the report back from the Technical Review Panel including the following.
  - ⇨ SMHC found the report back to be dismissive, caustic, and insulting.
    - This is particularly true as SMHC has been working in the community for more than 30 years with a population that is cited as being high-risk.
  - ⇨ That written report should also be viewed within the context of the relationship SMHC has had with the City of SF.
  - ⇨ The review's finding did not relate to the content of the proposal.
  - ⇨ The score assigned didn't seem to relate to the written comments.
  - ⇨ SMHC took particular offense at certain written comments including:
    - "'It seems this proposal was written (as if to say) 'Let's throw spaghetti at the wall and see what sticks,'"
  - ⇨ The people at SMHC take their work seriously and are deeply committed to their community,
  - ⇨ She added that what the staff at SMHC expects is a serious review if their proposal, which she does not believe it got.
    - In support of that contention she pointed out that after the first four items the reviewers stopped commenting altogether.
  - ⇨ She brings this to the Council's attention particularly because of the way the process relates to (or contradicts) the intent, and wording, of the 2004 Plan.
    - She also noted that SMHC would address the specifics of the Technical Review within the application award process.

  Marilyn Griffin's comments were met with applause.
- Consuelo Ferreda introduced herself as working at IFR. Her remarks included the following.
  - ⇨ Due to the change in funding the program she works with will be cut.
  - ⇨ The change in funding is not only about money, but also relationships with clients and the whole community.

  Consuelo Ferreda's comments were met with applause.
- Hector Ceballos introduced himself as the Project Coordinator for Hermanos de Luna y Sol, a Latino HIV prevention service. His remarks included the following.
  - ⇨ His organization is one of the fortunate ones invited to negotiate contracts.
  - ⇨ The Alternative Solicitation to address issues in the Latino community is a positive development, and he hopes that the funding will be adequate.
  - ⇨ His program relies on referrals, and there is a lot of interaction between service providers this community.
    - When he refers a client he needs to be sure that they get culturally competent services.

- If such agencies are "*defunded*" his agency will not be able to function effectively.

⇨ He found the Technical Review process, "*inconsistent,*" and "*without sound standards.*"
- He cited that the review gave both positive and negative reaction to the same idea in different sections of the application.
- He hopes the Council can use the feedback to improve the process in the future.

Hector Ceballos' comments were met with applause.

- Rob Gitin introduced himself as the Director and Co-Founder of At the Crossroads a program for homeless youth in the Mission and Downtown SF. He remarks included the following comments about SFNE.
  - ⇨ SFNE's clients often remark on how caring the medical and other service providers are.
  - ⇨ SFNE provides needle exchange, medical care, and referrals to shelters, mental and healthcare services.
    - Volunteer doctors and nurses provide the medical services.
    - Those volunteers are often the clients' only contact with healthcare providers.
  - ⇨ Clients find that SFNE's healthcare providers actually care about them, talking and offering support including providing advice on how to reduce or stop drug use.
  - ⇨ Without funding this service will probably close, as there aren't private funding sources to replace the public funding on such short notice.
  - ⇨ Discontinuance of SFNE would have dire consequences on the community, including:
    - An increase in used needles and drug paraphernalia on the streets as it is the only Needle Exchange in the Haight-Ashbury
      - * Many IDU are not mobile enough to travel to other neighborhoods for exchange;
    - Without access to preventative healthcare, there will be more life-threatening illness among young people on the streets;
    - Fewer people will access '*detox*' and treatment services;
    - Without SFNE teaching them about overdose prevention and rescue breathing, more young IDU will die of drug overdoses; and
    - There will be more people on the streets isolated from social services.
  - ⇨ He urged the Council not to allow the discontinuance of SFNE's services.
    - He added that a lot of programs, "*Talk a big game,*" get lots money, and accomplish little; but SFNE quietly does what it has to do, and more, for very little money.
  - ⇨ He concluded by saying that SFNE is, "*One of the treasures of SF.*"

Rob Gitin's remarks were met with applause.

- Berta Hernandez introduced herself as representing IFR. Her remarks included the following.
  - ⇨ The process by which agencies compete for funding needs to change.
  - ⇨ IFR's programs have been developed over many years and have worked.
  - ⇨ Having agencies compete for funding takes attention away from providing services and makes them concentrate on writing applications.
    - She added that this is in addition to the administrative cost of data capture, entry and reporting through the ELI system and other such.
    - The amount of non-service providing activities has become too much.
  - ⇨ While pleased that there will be a second round of funding, she pointed out that agency expenses are ongoing, including the cost of writing yet another application.

- ⇨ She asked the Council to take into account that community-based organizations know what to do and how best to deal effectively within their own community.
- ⇨ She also questioned the value of having agencies compete with each other.

Berta Hernandez's remarks were met with applause.

- Shannon Riley introduced herself as the Clinic Manager at the MNRC. Her comments included the following.
  - ⇨ About a year ago, in conjunction with SFNE and the Women's Community Clinic, they initiated a Lady's Night resource for homeless women in the Mission.
  - ⇨ SFNE has contributed services to this program and helped get it off the ground.
    - Without this support they would not have had needle exchange at Lady's Night.
    - This is the sole women-only Needle Exchange in SF.
  - ⇨ MNRC/Lady's Night's primary focus is prevention.
    - It has demonstrated both outreach skills and cultural competency – both of which are requisite to successful prevention efforts.
  - ⇨ MNRC/Lady's Night also deals with treatment and research.
    - Research shows integration of services promotes getting IDUs into services.
  - ⇨ She asked the Council to recognize the value of the unique services SFNE provides.

Shannon Riley's remarks were met with applause.

Shannon Riley submitted a written copy of her prepared remarks. They are available upon request from the HIV Prevention Section.

- Gus Klein introduced himself as representing the HRC. His comments included the following.
  - ⇨ HRC is both a direct service provider as well as a resource to other agencies.
  - ⇨ HRC's lack of funding after June 30th will result in a drastic reduction in services.
  - ⇨ The efficacy of many of the programs that have addressed the Council are well known, and not really in question.
  - ⇨ It is the SFDPH's responsibility to ensure services are provided to all at-risk communities, not just to those agencies that write good proposals.
  - ⇨ Who will meet the needs of communities currently served by agencies that are "*Defunded?*"
  - ⇨ The RFP process needs to address the fact that not every agency has a grant writer.

Gus Klein's remarks were met with applause.

- Peter Geissert introduced himself as the Volunteer Coordinator of the needle exchange in Berkeley. His remarks included the following.
  - ⇨ SF has been a model for the response to the AIDS epidemic since the 80's.
  - ⇨ Needle exchange is a proven effective intervention for HIV and HVC.
  - ⇨ He pointed out that SFNE is the only needle exchange operating in the Haight.
  - ⇨ SFNE has done the necessary outreach in the Haight-Ashbury neighborhood, which has a lot of young, homeless IDU; a difficult high-risk population to reach.
  - ⇨ It would be irresponsible to withdraw funding from SFNE, as it would undermine the only source of stability for a lot of these young people.
  - ⇨ That the fact that HIV is endemic among IDU is proof that needle exchange works.
  - ⇨ SFNE's outreach has treated young IDU in a respectful manner, which is important.

Gus Geissert's comments were met with applause.

[Note: Co-Chairs made a decision to extend the entire public comment section to an hour to accommodate all community concerns and recommendations.]

Member Response to Public Comment

Steven Tierney thanked all of the community members for their comments and remarked that this is what community planning is about. He also provided the following in way of explanation.

- The HPPC writes the Plan that sets priorities, but it does not participate in awarding contracts nor does it participate in the Technical Review.
- From the comments made it seems clear that the priorities were set correctly.
  - ⇨ The disagreements cited are not with that part of the overall process.
- That the Technical Review notes are a recording of what the various panel members said and so include divergent viewpoints needs explanation and clarification for applicants.
- The criteria used for awarding contracts cannot be completely transparent while the process is underway.
  - ⇨ However, in the negotiation meetings the parameters are made completely clear.
  - ⇨ Once the awards are finalized the information is made public.
- Awards are given out so that the grid of needs described in the Plan and RFP are addressed.
- He reiterated that public comment is welcomed and appreciated.

Israel Nieves-Rivera observed that the conversation about priorities and funding isn't over.

- ⇨ Once contracts are let a report is made to the Council showing how the awards correspond to the priorities it established in the Plan.

He pointed out that all HPPC meetings are opened to the public, and the minutes posted on the Internet. He encouraged attendees to participate in the Council.

Israel Nieves-Rivera noted that representatives of the HPPC met with a group of diplomats from China who remarked that the number one thing they will take back from their visit was the need to integrate community planning into their decision making process.

Due to time restraints Israel Nieves-Rivera asked members to hold further member response to Public Comment so that the rest of the planned agenda could be addressed.

HPPC Co-Chairs/Steering Committee Report

The document entitled, "*HIV Prevention Planning Council (HPPC) Co-Chairs Report Thursday, April 14, 2005,*" was distributed, copies of which are available to absent members upon request.

Introduction and Update: HIV Counseling and Testing in San Francisco

Israel Nieves-Rivera introduced Teri Dowling, HPS Program Manager, who had distributed by email copies of her presentation entitled, "*HIV Counseling, Testing and Linkage in San Francisco.*" Teri Dowling introduced those HPS team members in attendance who worked on Counseling, Testing, and Linkage (CLT) including: Marise Rodriguez, Shelley Facente, Alice Heimsoth. She also acknowledged team member Maria Homar, who was not in attendance. In addition to the information on the slides, Teri Dowling drew attention to the following.

- Slides 3-5 – The asterisks indicate sites doing Rapid Testing.
  - ⇨ All participants in this network follow guidelines established by the CDC and SFDPH.

- Slide 4 – Agencies listed are not directly funded, but supported in a number of ways, including through SFDPH provided training and technical support.
  - In return, these agencies collect and report data to the SFDPH
- Slide 5 – Agencies listed are not funded by SFDPH, but receive funding from the CDC, except for Kaiser Permanente who is listed because of the strong working relationship between it and SFDPH.
- Slide 6 – The high percentage of confirmed positive results is due to the sample's small size.
- Slides 6 & 7 – first quarter of 2005 indicates that Rapid Testing will comprise about 35-45% of all tests (2003 was about 1%, 2004 was about 18%).

Teri Dowling made available two documents containing aggregate testing data both entitled, "*HIV Testing Results Summary Table 1 – ALL SERVICES*," with the first showing combined Conventional and Rapid Testing, and the second only Rapid Testing results. Copies of these reports are available to absent members upon request.

- Slide 10 – SF's Quality Assurance model is being used around the country.
- Slide 11 (Chart) – The leveling out of results between 07/04 – 11/04 was due an intentional slowing down of implementation to ensure the quality of results.
- Slide 12 – Items listed summarize lessons learned by the implementation of Rapid Testing.

The attendees thanked Teri Dowling for her presentation with applause.

Questions and Comments

- Teri Dowling was asked how many of the 735 positive test results were given to people who were confirming, or repeating a previous test result.
  - ⇨ Marise Rodriguez reported that 431 people reported their last test result was negative.
- In response to Michael Cooley question, Teri Dowling explained that a confirmation test is always performed for a Convention or Rapid Test HIV (+) result, and that she expects that to remain the case long into the future.
  - ⇨ She added that eventually both the initial and confirming test may be a rapid test.
- Derrick Mapp asked if the preliminary Rapid Test result is HIV (+) are people told, and are they counseled then and there, as well as when they get the confirming test results.
  - ⇨ Teri Dowling explained that people are told the result is a "*Preliminary positive*," and they are counseled that it is highly likely that they are HIV +.
  - ⇨ She added that at that time the counselor may open the discussion regarding the client's support network, access to healthcare, mental health services, and the like.
  - ⇨ When clients get the results of the confirmation test the counselor talks with them about their next steps: seeking medical service, notifying partners, etc.
- Derrick Mapp then asked why the wait for confirmation to begin partner notification.
  - ⇨ Teri Dowling pointed out that although rare, discordant results happen.
  - ⇨ She added that in the past year and a half there has only been two actual false positives in SF, so counseling and disclosure could begin with the preliminary results.
- Marcel Miranda explained that the confirmatory tests can be an OraSure oral conventional test.
- Andre Robertson followed up by noting that if the confirmation test had to be conventional a lab technician would be required and Rapid Testing wouldn't have a cost advantage.
  - ⇨ Teri Dowling said that there is a tendency to encourage a blood draw, as the test is considered slightly more accurate than the OraSure oral conventional test.

- Israel Nieves-Rivera noted that rapid process is neither quick to set up nor is it really a rapid test.
  - ⇨ Teri Dowling said that it takes between 30 minutes (negative result) to an hour or more (with a preliminary positive result) from the beginning to the end of the process.
  - ⇨ Israel Nieves-Rivera noted that many people expected Rapid Testing to be 15 minutes from beginning to end.
  - ⇨ Barbara Adler confirmed Teri Dowling's time estimate.
- Israel Nieves-Rivera noted that, contrary to early expectations, feedback is shows that people really want Rapid Testing.

Reports from the Field: Experiences of HIV Counselors

Matt Rice introduced himself as having been an HIV Test Counselor since '92, and has been doing Rapid Testing in since 10/04. His observations include the following.

- Sometimes people get unexpected results.
  - ⇨ People often don't come back for conventional test results because they didn't expect an HIV (+) result.
- Rapid Testing affords the counselor and client the opportunity to develop rapport while the test is run.
  - ⇨ The rapport built during the time it takes to get a result can be very important when delivering an HIV (+) result; at both preliminary and the confirmatory tests.
- Many people come to SF for some events and with Rapid Testing they may be able to have results before going home where Counseling and Testing services may not be available.
- He highlighted that conventional testing procedure of having the client check back with a reference number/code on a card is not comfortable for many people.

Rhodri Dierst-Davies introduced himself and explained that he has been doing HIV testing for or six years, and Rapid Testing for about a year, all for the AHP. His observations included the following.

- People love it, particularly that they get results quickly and don't have to come back
- While waiting for results the counselor talk can with people and help them get through their stress, which has been a leading reason clients didn't come back for test results.
- Rapid Testing increases the rate of client return, and everyone gets test results.
  - ⇨ With conventional testing perhaps only 50% came back for results.
- The drawback to Rapid Testing is that there isn't enough of it.
- Nearly everyone who comes in for a test would rather do a Rapid Test.

Isela Gonzalez introduced herself as working with the Forensic AIDS Project (FAP). She explained that they started doing Rapid Testing in 02/05 with incarcerated people. Her observations included the following.

- With conventional testing many people were released from custody before getting their results and/or results could be provided due to confidentiality concerns.
- It took FAP about six months to rollout the Rapid Testing program.
- They have had great response from clients.
- They found that it was best to work out all of the problems with one segment of their client population before introducing it to all groups.
- They have good linkage to medical and psychiatric services for people testing HIV (+).

- They were hesitant about Rapid Testing prior to rolling it out because of the challenges it presents for counselors in that environment.
- They have been testing mostly women, but are expanding to others.

Questions – Comments

- Andre Robertson asked if the Forensic AIDS Project has linkages to agencies outside of Jail; including to Prisons and to community organization for when the client is released.
  - ⇨ Isela Gonzales explained that while one part of the project does the testing, and another provides services such as early intervention healthcare and Case Management.
- Abbie Zimmerman asked is there opportunity for HIV (+) people in Jail to get involved in peer counseling with others.
  - ⇨ Isela Gonzales explained that they explored this and have tried to coordinate it with the Sheriff's Department and other programs going on in the Jail.
  - ⇨ She noted, however, that sentencing in County Jail may not be long enough for such groups to develop.
- Michael Cooley asked about the behavioral risk data they are collecting and wondered if they are seeing changes in risk behavior related to increases or decreases in testing.
  - ⇨ Marise Rodriguez noted that they don't track testing by name so it is difficult to be sure which people are multiple testers, particularly between different agencies.
- Michael Cooley then asked if there is a way to determine if counseling has been effective.
  - ⇨ Marise Rodriguez said that this may be trackable over time, but it isn't currently.
- Thomas Knoble asked if Rapid Testing could/should become available over the counter, or could it be made available in places where people meet to have sex.
    - He could envision a black market in Rapid Testing equipment on the Internet.
  - ⇨ Steve Gibson said that Magnet expects that they will have people come over for a Rapid Test after having met each other earlier in the evening.
  - ⇨ Steven Tierney added that this recently happened one evening at Magnet.
- Steve Gibson asked if the counselors like Rapid Testing.
  - ⇨ Isela Gonzales indicated that most counselors like it, particularly since creates an opportunity for counselors to relate to their clients.
  - ⇨ A difficulty relating to Rapid Testing arises because a new test counselor may have to deliver HIV (+) results.
    - She explained that with Convention Testing usually the more experienced, seasoned, counselors deal with HIV (+) results; but Rapid Testing doesn't allow the distinction.
    - At AHP, she added, they are trying to have only seasoned Counselors do Rapid Tests.
  - ⇨ Matt Rice explained that when the counselor explains that the client is "stuck" in the room for the 20 minutes it takes to run the test, clients tend to be more open to asking the counselor questions.
- Marcel Miranda said that he looks forward to increasing the venues where Rapid Testing will be available, adding that this has implications for HIV prevention.
  - ⇨ He also pointed out that there is a need to ensure that support services are available at those venues for people who get Preliminary HIV (+) results.
- Derrick Mapp indicated that he is sensing that people may be mistaking Rapid Testing for early detection.

- Perry Rhodes III related his experience of doing Rapid Testing at a public event and issues of disclosure arose; particularly as people often want to get tested in groups.
  - ⇨ He observed that counselors need special training to deal with such situations.
- Greg Altman introduced himself as someone who has been doing HIV Testing and Counseling for about eight years. He said that people need to understand that Rapid Testing is both a powerful tool, and involves a powerful moment, one that often requires referrals.

The council joined Israel Nieves-Rivera in thanking the presenters with applause.

Report from the State Office of AIDS: HIV Counseling and Testing

Israel Nieves-Rivera introduced Kevin Farrell, Acting Director of HIV Education and Prevention, California State Office of AIDS. Kevin Farrell explained that his intention was to talk about Rapid Testing and HIV testing in general. Highlights of his remarks included the following.

- SF has been a pilot test site for Rapid Testing.
  - ⇨ He thanked the people in the SF AIDS Office for their work.
  - ⇨ He also acknowledged and thanked AHP.
- Due to the success of Rapid Testing in SF, it will be implemented throughout the state.
- California was among the first states to experiment with Rapid Testing.
  - ⇨ He pointed out that a lot of people have been tested with the Conventional Test but did not return for their results – in 2002, 650 tested positive, but didn't get their results.
- An advantage of Rapid Testing is that it is easily adaptable to different situations and venues.
- The opportunity is twofold: Ensuring HIV (+) people are aware of their status, and encouraging high-risk HIV (-) people to test often.
- So far about 500 counselors have been trained for conducting Rapid Testing.
- About half of the 61 local health jurisdictions in California are now offering Rapid Testing, with the goal of getting to 80-90% by the end of 2006.
- Statewide the various health authorities may have reached a plateau similar to the one Teri Dowling described taking place earlier in SF.
- Vanessa Lee, who was hired from SF, is now offering technical assistance around CA.
- The Rapid Test Counselors, who spoke earlier, brought up the same issues that have been observed elsewhere; particularly that clients like getting results quickly.
- The State has dedicated approximately $800K for the acquisition of Rapid Testing equipment and has increased the reimbursement rate to test sites.
- There is anecdotal evidence from the Internet of "*Bare-backing*" parties where black-market Rapid Tests have been used to qualify people for admittance/participation.
- Rapid Test manufacturer(s) would, no doubt, like to see a test available over-the-counter.

Questions and Comments

- Marcel Miranda asked what the reimbursement has been raised to.
  - ⇨ Kevin Farrell explained that, depending upon a number of factors, it is now about $130.
- Steven Tierney asked if there would be an increase in funding for Counseling and Testing.
  - ⇨ Kevin Farrell explained that the State Office is working on that, but most likely it would come through as an increase in reimbursement rates.
  - ⇨ Based on current rate of testing, reimbursements to SF should increase by about $560K per annum.

- ⇨ He also pointed out that this is largely a result of the California HIV Planning Group, which Steven Tierney chaired last year and Frank Strona will chair in 2006.
- Janetta Johnson asked if there are particular BRPs being focused on for Rapid Testing.
  - ⇨ He also noted that there is a misconception that Rapid Testing is designed for high-risk populations. Although high-risk BRPs are the focus of all prevention efforts, Rapid Testing has application in all BRPs.
- Janetta Johnson also pointed out that an HIV (-) result from Rapid Testing seems to give some people permission to do things like the "*bare-backing*" party mentioned earlier.
  - ⇨ Kevin Farrell pointed out that the virus can, indeed, be present in a person while that person tests HIV (-).
  - ⇨ He added that the State Office doesn't support use of black market tests.
- Steve Gibson noted that Basic One and Basic Two training are a total of seven days and that volunteer physicians find it difficult to set aside that much time for certification; particularly since many are already well-trained in HIV Counseling.
  - He suggested that there could be financial, and healthcare, benefit in finding a way for more physicians to be certified.
  - Perhaps people who are already competent Test Counselors could "test out" out of the some part of the seven-day training by using some equivalency test.
  - ⇨ Kevin Farrell said that they are aware of this as a serious gap in the system.
  - ⇨ While they are particularly concerned with quality issues, they are also aware that they need to find a way to "Grandfather" some providers into certification.
    - A way of doing this, however, has not as yet been found.
- Steven Tierney said that it must be made clear that taking a test on the day you want to have sex is absolutely useless. He also noted the following.
  - ⇨ An issue surrounding home Rapid Testing is that people don't want to do it themselves, they would much rather someone else conduct the test.
  - ⇨ People involved in Counseling and Testing also realize how valuable and important their support is to people taking a test, and people want that support.
  - ⇨ Similar home tests were tried, unsuccessfully, using conventional testing.
- Steven Tierney then observed that while a home test may be a good opportunity, people need to understand the result's meaning.
  - ⇨ He cited the true example of two people in the Castro who had just met and came in to Magnet for a Rapid Test. It had to be explained to them that an HIV (-) result does not mean that they are necessarily free of the virus.
- John Newmeyer said that he found interesting that:
  - ⇨ The rate of increased incidence of HIV in SF was about the same in the Consensus Data's prediction and in the report providing actual cases Teri Dowling distributed; and
  - ⇨ That the demographics of what was predicted and actual was also quite similar.
  - ⇨ He noted that this tends to confirm the Consensus Group's theories.

The attendees expressed their appreciation to Kevin Farrell with applause.

Discussion: Names and Non-Names Reporting

Discussion: Anonymous and Confidential Testing

Barbara Adler provided an explanation of the difference in the types of testing, including:

Anonymous Testing - no identifying information is used,

⇨ AHP uses unique testing codes, which allows people to come back and get their results;

Confidential Testing - involves using a name but writing reports do not include names,

⇨ This may be done using an alias;

Non-Names Testing - in CA this involves using a part of the client's name, date of birth, and the last four digits of their Social Security number to establish a Unique Client Code (UCC) and records are kept linked to the UCC.

⇨ A client can come in months after taking a test, provide some basic information, and get the results; and

Names Testing – involves using the actual full person's name.

⇨ However, she was not sure if ID is required and checked.

- Israel Nieves-Rivera noted that there is a state law requiring counties to have anonymous testing available.
  - ⇨ Kevin Farrell explained that prior to the wide availability of HIV tests people were going to blood banks and having blood drawn to determine if they were HIV (+), thus anonymous testing was made a state requirement.
  - ⇨ Steven Tierney added the requirement is that there must be *an option* for anonymous testing, but it does not specify the details and it could be quite limited.
- Andre Robertson asked where information regarding the results of confidential testing is kept, who has access to it, and is it secure.
  - ⇨ Marise Rodriguez responded that the database is quite secure and only a few of people have access to its password.
    - She also explained that the second layer of protection involves the data being is kept in SF, and shared with the State only in a locked format and the password used to open the file is always transmitted separately and securely.
    - And when data is shared with the CDC it done by use of a sealed/encrypted system.
    - She added that data is never transmitted over the Internet or other unsecured networks.
  - ⇨ Kevin Farrell added that HIV testing results names are not included.
  - ⇨ He also noted data on people with AIDS – where names are used – the information is kept in a sealed building which hasn't had a single security leak in 23 years.
- Michael Cooley asked when (not if) Names Reporting is the standard will the names be stripped out, and will behavior be included, when reporting to CDC.
  - ⇨ Steven Tierney suggested that this is something that the Council will need to address.
  - ⇨ He added that currently HIV tests provided by public agencies may, or may not collect names, but tries to collect other data, including information on behavior.
    - Over the years, collecting this behavior and other data has been seen as a fair trade-off for free testing by public health professionals.
- Steven Tierney noted the paradox of federal pressure for Names Reporting: it may well result in gathering people's names while at the same time capturing less accurate data about behavior and demographics.
  - ⇨ One of the things the Council needs to determine is if it actually needs the behavioral and demographic data it has been collect for planning and service delivery; and if it does how to gather it from people reluctant to link their names with certain behaviors.
- Kevin Farrell said that these questions were addressed to the CDC, but fell on "*deaf ears.*"

- ⇨ The CDC has indicated that they will not accept Non-Names/Code-Based reporting data in determining States' allocation of funding.

- Michael Cooley suggested that useful Counseling is the real goal, that testing is really the result of a counseling relationship.
  - ⇨ If the client doesn't trust the counselor/tester they will not give accurate information.
  - ⇨ He added that prevention requires trust between client and counselor.
- Ed Byrom said that he supports Non-Names Testing but feels the HPPC, and others, are being "*strong armed*," on this issue. He highlighted the following.
  - ⇨ Although there is in collecting data that can be tracked, what does the consumer get for the trade-off;
  - ⇨ The funds actually belong to the people not a federal agency;
  - ⇨ HIV (+) people are getting fewer and fewer services from this government, and it is getting worse.
- Ed Byrom then asked why the HPPC should betray the best interests of the community by changing to Names Reporting without some guarantee that the federal government will give something in return.
- Marcel Miranda said that the prevention services community was "*sold a bill of goods*" - that test reporting enables the collection of accurate data about prevalence and incidence.
  - ⇨ He said that he understands the idea that collecting this data results in important information, however, the community was promised reports that it has never seen.
  - ⇨ He added that there hasn't been the *Quid Pro Quo* of agencies collecting and reporting data in exchange for getting better reports/projections.
- Marcel Miranda also suggested that a Names Reporting requirement from the federal government speaks volumes about their sense of culturally appropriate behavior.
- He pointed to contradictory messages from the CDC –
  - ⇨ On one hand they assert that 1/3 of HIV (+) people are unaware of their serostatus.
  - ⇨ At the same time they start to require linking a name with every test, discouraging people from getting tested – particularly black and brown people.
  - ⇨ He asked, how can this be explained?
- Kevin Farrell noted that he, and the California Office of AIDS, doesn't have a position on Names or Non-Names Reporting.
  - ⇨ He noted that the Governor's proposal is still in front of the Legislature.
- Marcel Miranda proposed the HPPC take a position against Names Reporting.
  - ⇨ Israel Nieves-Rivera said that his proposal would be referred to the Steering Committee for consideration and then back to the whole Council.
- Barbara Adler pointed out about 90% of HIV (+) people are testing anonymously.
  - ⇨ She suggested that to move to Names Reporting agencies would need to have information for clients, in writing, on how the data is going to be kept confidential.
  - ⇨ She added that assurances from high in the government that test results would be kept confidential would be necessary.
- A guest noted that hospital and doctor records all include HIV status information, as well as Social Security Numbers, date of birth data, etc.
  - ⇨ He suggested that ultimately there is no way to keep this information confidential.

- Janetta Johnson suggested that Names Reporting tends to push some people further from accessing service, including: Transgendered people, Sex Workers, Undocumented Immigrants, and others.
- Steven Tierney explained that the issue is that the federal government will not accept our Non-Names data.
  - ⇨ He pointed out; however, that experience indicates that it is the advocates, not the clients, who object to Names Reporting.
  - ⇨ He noted that there is only one agency in SF that still does anonymous testing.
    - Previously agencies offered both Confidential and Anonymous Testing, but now only offer the former. This may indicate that clients do not turn away from Names Reporting.
  - ⇨ He acknowledged that there are nonetheless some pockets of population that may require anonymous testing.
  - ⇨ He also noted that of the 11 states that have gone to Names Reporting initially had both Names and Non-Names available.
- Steven Tierney also suggested that there is a real need for information for both planning and funding purposes.
  - ⇨ The lack of local Names Reporting is why SF has less Ryan White/Care funding.
- Steven Tierney suggested that the Council needs research how the community/consumers would react to Names Reporting.
  - ⇨ He noted that at Public Health facilities clients are asked for their names, Social Security Number, date of birth, etc. when they register and then go down the hall to get what is described as an "*Anonymous test.*"
  - ⇨ He questioned if consumers even believe that they are getting an anonymous test.
- Israel Nieves-Rivera explained that he has talked with volunteers who have told them, overwhelmingly, that clients ask specifically for anonymous testing.
  - ⇨ He added that he couldn't make a determination based on the number of anonymous / confidential tests performed.
  - ⇨ He also noted his dislike of what seems to be pressure from the federal government.
    - He pointed out that CDC said it would accept "*very clean*" data from California, and then suddenly they will not accept such data, supposedly because other states have moved to Names Reporting.
  - ⇨ Kevin Farrell noted that the CDC hasn't actually said they won't take the Non-Names Reporting data from California, they just stopped accepting it.
    - He added that the CDC has not presented the State Office of AIDS with any sort of written policy statement that can be responded to.
- Israel Nieves-Rivera proposed a careful discussion of this topic among Council members, and performing a Needs Assessment.
  - ⇨ He added that SF's approach must be consumer driven.

Israel Nieves-Rivera pointed out that the scheduled adjournment time of 6:00 PM had been reached. There was general agreement to extend the time by five minutes.

- Ed Byrom suggested that clients often simply resign themselves to selling themselves out.
  - He asked what SF would get in exchange for the loss of confidentiality.

- ⇨ He then pointed out that at a recent meeting of the CDC Advisory Committee its Co-Chair said that only 25% of what the CDC does is evidence-based, and that HIV prevention has been a failure.
- ⇨ He concluded by saying, "*We owe the CDC nothing. We owe our consumers everything.*"

- Frank Strona suggested the Chair entertain a motion to authorize a Needs Assessment designed in an objective way to determine the community's view.
  - ⇨ Israel Nieves-Rivera suggested this issue be sent to the Steering Committee to discuss and make recommendations at the next Council meeting (06/9/05).
- Gayle Burns suggested that people need to have a choice of the kind of testing they participate in, but that gathering information is nonetheless valuable and important.

Israel Nieves-Rivera pointed out that the Council hasn't had a chance as a body to debrief the RFP process and thanked the council for their willingness to set their thoughts and feelings aside so that members of the public could share theirs.

- ⇨ He pointed out that the choice was made to first hear community concerns.
- ⇨ The RFP debriefing was scheduled for the June agenda (06/9/05).

- Steven Tierney noted that he and all members of the professional staff are available to discuss the RFP process.
  - ⇨ He pointed out that there are agencies represented by members of the Council who have not moved to the next level.

Summary, Evaluation, and Closure of Meeting

At Gayle Burns' suggestion, the attendees expressed their appreciation for Israel Nieves-Rivera's facilitation of this meeting. The meeting adjourned at 6:03 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer and Israel Nieves-Rivera.

Reminders: In lieu of its regular meeting Teambuilding Training will be conducted on May 12, 2005
The next HPPC meeting will be held on Thursday, June 9, 2005

HIV Prevention Planning Council Meeting
Thursday, June 9, 2005
3:00-6:00 pm

City Hall, Mayor's Conference Room, Room 201
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Gayle Burns, Israel Nieves-Rivera, and Steven Tierney

3:00 pm	**Welcome, Introductions, and Announcements**	**Gayle Burns**
3:15 pm	**Review and Approval of Minutes of April 14, 2005** *(VOTE)*	**Gayle Burns**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Gayle Burns**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. *(POSSIBLE VOTE)*	**Gayle Burns**
3:50 pm	**HIV Prevention Funding 2005: Meeting the Priorities in the 2004 HIV Prevention Plan, Presentation and Discussion**	**Steven Tierney** **All**
4:30 pm	***Break***	
4:45 pm	**Intersex Issues: Presentation and Discussion** View the report, "***A Human Rights Investigation into the Medical "Normalization" of Intersex People***," recently written by Marcus Arana for the Human Rights Commission at http://www.sfgov.org/site/sfhumanrights_index.asp?id=5902	**Marcus Arana,** Discrimination Investigator, Human Rights Commission
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Gayle Burns**
6:00 pm	**Adjournment**	

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Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Youth: Wednesday, June 15, 3:00-4:30 PM, 25 Van Ness Ave, 330A
Prevention with Positives: Tuesday, June 28, 4:30-6:00 PM, 25 Van Ness Ave, 330A
Steering: Thursday, June 23, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Substance Use & HIV Risk: Thursday, June 2, 4:00-5:30 PM, 25 Van Ness Ave, 330A
Membership/CLC: Monday, June 13, 3:00-4:30 PM, 25 Van Ness Ave, 5th Floor Conf Room
Full Council: July 14, 2005 Location TBD.

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2005 Parking Lot

1. Post Exposure Prophylaxis (PEP)
2. Diversified/Non-Governmental Funding
3. Issues of HIV Prevention for African-American Men
4. Community Organizing as an Intervention
5. HIV Testing and Services in Visitacion Valley
6. Native American Health Center Presentation and Report on SCAN
7. Intersex Issues
8. Gay men's Health
9. Safer Injection Rooms and Syringe Exchange and Disposal Machines
10. Condoms and San Francisco Jails
11. The AIDS Quilt/Making the AIDS Quilt More Accessible in SF
12. Sex Work and Youth
13. Front Line Staff And Self Care
14. What Interventions are Working for HIV Prevention Agencies in SF

HIV PREVENTION PLANNING COUNCIL
Minutes
June 9, 2005

The next HPPC meeting will be held on **Thursday, July 14, 2005**
3:00 – 6:00 p.m.
San Francisco City Hall, Mayor's Conference Room (201)
San Francisco

Members Present:
Barbara Adler
Angie Beyer
Gayle Burns
Edward Byrom
Rafael Cañadas
Aaron Cohen
Michael Cooley
Michael Discepola
Catherine Geanuracos
Steve Gibson
Matt Jennings
Janetta Johnson
Thomas Knoble
Derrick Mapp
Tuck Mayo
Marcel Miranda
John Newmeyer
Ken Pearce
Perry Rhodes III
Andre Robertson
Frank Strona
Steven Tierney
Ken Vail
Abbie Zimmerman

Members Absent:
Chadwick Campbell*
Thomas Ganger
Robert Gomez
Tom Kennedy*
Joani Marinoff*
Israel Nieves-Rivera*
Gail Sanabria*
Gwen Smith*

HIV Prevention Section:
Vincent Fuqua
Alice Heimsoth
Guillermo Gonzalez
Betty Chan Lew
John Melichar
Tracey Packer
Lisa Reyes
Ju Lei Weigel

Harder + Co.:
Kym Dorman
David Weinman (Minute-taker)
Allison Weston

Guests:
Kevin Alexander, TARC
Marcus Arana, SF Human Rights Commission (HRC)
William Bland, SF AIDS Foundation
Sotcha Bosio, Homeless House Radio
Tom Boyar
Larry Byer, Baker Places
Deborah Cohan, BAPAC/SFGH
Billie Cooper
Priscilla Lee Chu, AIDS Office
Rajat Dutta, Horizons Foundation
Jordan Green, Black Coalition on AIDS
Angela Hall
Justin Hileman, Pharma Care / UCSF
Richard Hill, SF AIDS Foundation
Billie Jean Kanios, CARE Council and Walden House
Jack Newby, CARE Council
Steven Oxendine
Jen Sarché, AIDS Office
Luciana Tsay, TNDC
Kelley V., Baker Places
Sean Saifa Wall, UCSF/Trans
Mike Underhill, PWP Committee

Process Evaluation Team:
Kathleen Roe
Alison Wakefield

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*These members called to say they would be absent.

Welcome, Introductions, and Announcements
Co-Chair Gayle Burns called the meeting to order at 03:03 PM. After welcoming attendees, she noted that Chadwick Campbell, Joani Marinoff, Israel Nieves-Rivera, and Gwen Smith had notified the Chair of their inability to attend this meeting. She then asked attendees to introduce themselves and make announcements.

- Barbara Adler said that in accord with her recently distributed letter of resignation this was her last HPPC meeting as a member, but that she hoped she would be able to continue her participation as a community member.

The members expressed their appreciation to Barbara Adler with applause

- Michael Discepola announced that he would be taking a leave of absence from his position with the AIDS Health Project (AHP).
- Catherine Geanuracos announced the publication of the brochure, "*The Little Black Book – A Guide to Youth Services.*"
  - ⇨ Members and organizations seeking copies should contact her.
- Lisa Reyes introduced Ju Lei Weigel who is interning with the HIV Prevention Section (HPS) and will be working with the SF High Schools.
- Janetta Johnson announced that 06/09/05 would be the close of this year's Tranny Week.

Gayle distributed gifts of geese feathers to honor Council members and the professional staff from the HPS and the AIDS Office. She then introduced Kelly V who explained that the "*Honor Song*" is used by many Native-American tribes, and proceeded to perform it.
The attendees expressed their appreciation with applause.

- Gayle Burns then read distributed copies of a document entitled, "*Lessons from Geese,*" copies of which are available to absent members upon request.

The attendees expressed their appreciation with applause.

Review and Approval of Minutes of April 14, 2005
Motion was made and seconded to accept the minutes of the 04/14/05 meeting.

- Barbara Adler noted that in the Guest Section Brian King and Ramon Ramirez were incorrectly identified as representing AHP, but in fact represent the AIDS Healthcare Foundation (AHF).

There was no further discussion. No objections were raised. The minutes were approved as amended with Angie Byer and Ken Vail abstaining.

General Public Comment and Members Response to Public Comment
None.

HPPC Co-Chairs/Steering Committee Report

Report from the Committee Meeting
Gayle Burns provided an overview including the following.

- Debrief of Team-building training held during May.
  - ⇨ The second part of this year's training will probably be in October or November.
- Scholarships are available as well as volunteer position for the upcoming National HIV Prevention conference.

Steven Tierney added that he and Gayle Burns attended Tranny Week events at the Tenderloin Health Resource Center (THRC); a new name for the organization reflecting its expanding role.

Budget Issues
Steven Tierney provided an overview including the following.

- There has been $1.4 M in a SF City contingency cut.

- ⇨ At a meeting 06/07/05 with Mayor Newsom Steven Tierney was informed that $1 M has been restored to HIV prevention budget.

This news was met with applause.

- ⇨ On 06/13/05 he will have another meeting where, hopefully, the remaining $.4 M will be reinstated in the budget.

- The State Budget will include an additional $500K in funding for HIV prevention in SF.
  - ⇨ He noted that this is largely a result of work done by the California HIV Prevention Planning Group (CHPPG), chaired by Frank Strona.
- The CDC looks as if it will provide level funding for this coming year.
- He highlighted that despite what has been reported, and anticipated, the educational work done by HPPC members, and others including Assemblyman Leno, has had a positive effect and that SF will actually have more funding this year than last.

The National HIV Leadership Conference – 07/31/05

Steven Tierney provided an update including the following.

- A small number of scholarships are still available to this event.
- People volunteering to help will also be given a day's admission to the conference.
  - ⇨ He pointed out that this is a rare opportunity that only happens once a decade in SF.
  - ⇨ He also noted that the conference is a good place to make connections with others in the prevention field, including decision-makers from the CDC and other funding sources.
- Tuesday night 08/02/05 there will be a big party at the Hilton to which all are welcomed.

Mayor's Task Force on Crystal-Methamphetamine (Meth)

Steven Tierney announced the formation of this group that will be comprised of four working committees working on these topics:

- ⇨ Legal Issues and the Criminal Justice System;
- ⇨ Media and Technology;
- ⇨ Prevention of Meth Use; and
- ⇨ Treatment.

- People interested in participating should contact Steven Tierney.
- He noted that the Mayor's Office would provide additional treatment funding.

The attendees expressed their appreciation with applause.

Presentation on Youth Committee Activities

Perry Rhodes III provided an overview including the following.

- One of the goals is to ensure youth representation on the HPPC.
  - ⇨ They have defined youth as including three age groups: <20, 21-24, and 25-29.
  - ⇨ They recommend the Council have representation from each of those groups.
- Another goal of the Committee is to increase communication with the SF School District.
  - ⇨ They have sent a letter to Trish Bascom of the School District who has responded by offering to do a presentation on their prevention activities.
  - ⇨ Steven Tierney noted that there is a branch of CDC that specifically funds health access for youth, including HIV services.
    - He added that this program has provided funding to the SF School District for a number of years, but that HPPC has been unable to coordinate efforts with the School District.

- In response to Andre Robertson's question, Steven Tierney said that it was possible to provide stipends to youth for participation in the Council.
- Perry Rhodes III added that he will attend a Membership Committee to discuss the issues identified by the Youth Committee and explore ways to move forward on recommendations.
  - ⇨ Lisa noted the next Membership Committee meeting would be 06/13/05, and all are welcomed to attend.

Special Thanks to Barbara Adler

Steven Tierney explained that he has known and worked on HIV prevention issues with Barbara Adler for many years, and highlighted some of that history including the following.

- ⇨ She has provided leadership particularly when there were difficult decisions to be made regarding her professional expertise – Counseling and Testing.
- ⇨ She served the maximum number of years as a Council member, after a time off came back to take a second term as a member.
- ⇨ She has also be a mentor to many in the room.

In response to his suggestion for a sustained thank you to Barbara Adler the attendees expressed their appreciation with applause including a standing ovation.

- Barbara Adler expressed her thanks to the members, some of whom she noted she has worked with for many years.
- She added that she hopes to continue her participation in the Council's work and so expects to see and continue to work with members as a non-member.

HIV Prevention Funding 2005: Meeting the Priorities in the 2004 HIV Prevention Plan

Steven Tierney provided an overview of the 2005 funding. He noted that copies of the presentation entitled, "*San Francisco – AIS Office RFP 34-2004,*" would be distributed to members by email the following day. He provided some background including the following.

- The HPPC is a community planning organization that is empowered to write the SF HIV Prevention Plan.
- The CDC provides prevention funding to all 50 states and six highly impacted cities, including SF (approximately $9 M per year).
- SF also gets approximately $3 M in funding from each the State and City.
- The total $16 M annual budget is used to provide all of the HIV prevention services and programs, the community planning process, and the data collection and analysis.
- The goal is to distribute as much of the funding as possible to community based organizations (about $9.5 M) on the belief that such agencies are best situated to provide services.
  - ⇨ This is now known nationwide as 'the SF Model' and has been copied by other public health planning processing, including the National Diabetes Association.
  - ⇨ He highlighted that this model came directly from the work of the HPPC.
- About every three years the HPPC writes a Plan for delivery of HIV prevention services, including prioritizing by Behavioral Risk Populations (BRPs).
  - ⇨ Copies of the 2004 Plan are available upon request and at www.SFHIV.org.
- Each year the AIDS Office writes, and the Council reviews and confirms, an application to the CDC for funding based on how the Plan is going to implemented
- About every four years a Request for Proposal (RFP) is issued.

- ⇨ At the urging of the Council, each cycle every recipient of funding has to reapply, and are encouraged to review/rethink their programs in reference to the latest prevention Plan as well as the most recent epidemiology.

Steven Tierney then conducted the presentation. The following highlights information not included in the documentation.

- RFP Process [Slide 2]
  - ⇨ The AIDS Office does not conduct the Technical Review, it is done by outside panels.
  - ⇨ The AIDS Office generates the Service Grid based on the priorities established by the CDC, the State, and the HPPC's Plan.
  - ⇨ The Invitation To Negotiate (ITN) is a new process this year.
    - This is partly in response to community feedback that agencies have applied to do certain things, were awarded contracts, but delivered some variation.
  - ⇨ There were four appeals filed this year, three of which were found to be without merit, and one was determined to be more of a 'letter of complaint.'
  - ⇨ The Health Commission Hearing on the contract awards will take place on 06/21/05.
- An Invitation to Think Together (The ITN process) [Slide 3]
  - ⇨ This process provides an opportunity for providers and the HPS staff to work together with the goal of decreasing new infections. It also allows for applicants to demonstrate that they have the capacity to collect data necessary for the CDC's PEMS (Performance Evaluation Measurement System) to assess how programs are working toward decreasing new infections.
- CDC HIV Prevention Strategic Plan [Slide 5]
  - ⇨ The CDC's priorities relate to the funding that it provides.
- SF Leadership Initiative (SFLI) [Slide 6]
  - ⇨ A response to the CDC that includes the notion that SF will comply with their priorities as a starting point, and then go further.
  - ⇨ It is based on providing services at the community level and by supporting the communities as a means of promoting health and HIV prevention.
  - ⇨ The CDC promotes provision of service in the context of primary health care, whereas the SFLI recognizes that many people do not have primary health care.
- Target vs. Awarded by Funding Category [Slide 8]
  - ⇨ At the suggestion of the HPPC terminology has changed from CTR (Counseling, Testing & Referral) to CTL (Counseling, Testing & Linkage).
  - ⇨ Applicants doing Counseling and Testing must now provide proof of linkages.
- Target vs. Awarded by Tier [Slide 9]
  - ⇨ Nearly 90% of HIV incidence is in Tier 1. Five years ago the percentage of funding going to agencies solely targeting Tier 1 (Gay, MSM, transgender) was about 40%. Now approximately 72% of all prevention funding targets Tier 1.
  - ⇨ Most of the funding in Tier 4 (MSF) goes to programs for incarcerated population wherein MSM behavior could probably not be discussed openly.

- Next Steps [Slide 15]
  - ⇨ An Alternative Solicitation of about $600 K is being proffered because the AIDS Office noticed a lack of funds awarded to programs serving the Latino community.

- Proposals have been received, are being reviewed, and funding decisions should be able to be announced by the next Council meeting (07/14/05).

⇨ The other priority for Alternative Solicitation was for PwP services in Clinical Settings.
- This was identified as a priority by the HPPC's Prevention with Positives Committee, however, none of the proposals in the first round adequately addressed this issue.
- Responses were due 06/03/05 and decisions should be announced in time for a 07/01/05 contract commencement date.

⇨ RFQ (Request for Qualifications) is a means of qualifying a list of agencies that have experience and/or capacity in specific areas.
- Hopefully an RFQ will be issued this summer relating to social marketing.
- This will be used to conduct social marketing campaigns and community training.

⇨ SF DPH has issued a request to the CDC for an $800K grant to be used for coordinated efforts in the Tenderloin.
- Similar campaigns may also be conducted in Visitacion Valley, the Castro and other neighborhoods.

⇨ Indications are that new epidemiology data will show promising trends indicating the HPPC's efforts are working.

This news was met with applause.

⇨ There has been discussion that we need to ensure that agencies operate with diversified funding; some agencies unwisely rely on a single source of funding and/or are funded only by government agencies.
- This will be addressed as part of the San Francisco Leadership Initiative, and will include training and technical assistance for agencies.

⇨ Finally, Steven Tierney said that seeking economies through monitoring and technical assistance relates to the proper role of the AIDS Office – identifying problems and potential for growth, as well as providing technical assistance services.

- The list of programs that have been funded is in the public domain.
- He noted that neither this nor CARE Council can make recommendations to fund specific agencies – due to conflict of interest.

Members' Comments and Questions

Steven Tierney pointed out that due to extensive public comment at the last Council meeting (04/14/05) there was limited time for members to respond to those comments. Thus this meeting has been scheduled with extra time for comments from members.

- Andre Robertson asked how the $1M contingency fund was to be allocated.
  ⇨ Steven Tierney explained that it would be applied to those programs that are currently funded with any remaining applied to the next level of applicants.
  - He noted that the funds must go through the Board of Supervisors and that they sometimes put provisions on such.
  ⇨ He highlighted that all agencies were funded at lower levels than during the last cycle, that some were severely cutback, and that none were funded more than 91% of their previous levels.
  ⇨ He pointed out that the DPH has expressed concern that needle exchange is particularly under funded.
  ⇨ He also noted that the Alternative Solicitation came out of the original pot of funds.

- Perry Rhodes III asked if there is data on how the funding allocation by Tier/BRP translates to race and/or neighborhood.
  - ⇨ Steven Tierney said that a grid providing such detail is available, he circulated a preliminary copy, based on proposed services, and explained that the data was too complex to include in the presentation but that copies of the final chart will be available upon request.
    - He pointed out that the finalized document of allocation by BRP, race/ethnicity, and cofactors comes from the actual provider contract, not from their proposal, and so it is not as yet finalized.
- Michael Cooley asked how to address the issues raised by the San Francisco Needle Exchange (SFNE) at the 04/14/05 Council meeting.
  - ⇨ Steven Tierney provided background for those who were not at that meeting, including:
    - A number of people from SFNE addressed the Council as part of public comment.
    - SFNE provides services, including needle exchange, to youth in the Haight-Ashbury neighborhood.
    - Although it has been operating for several years, the City has only funded it for the past three years.
    - Due to insurance issues, they affiliated with the Haight-Ashbury Free Clinic.
    - Their proposals in response to the RFP were unsuccessful.
  - ⇨ He also explained that the AIDS Office is committed to needle exchange, as well as to youth issues, and so have been working with SFNE to help them affiliate with SFAF, or another agency.
    - It looks like they are close to affiliating with a needle exchange provider in the East Bay.
  - ⇨ He added that there would not be another Alternative Solicitation addressing needle exchange.
- Marcel Miranda asked that copies of presentations be available to members beforehand.
  - ⇨ He also thanked Steven Tierney for the presentation.
- Marcel Miranda then asked for more information about the project mentioned regarding coordination of services in the Tenderloin (TL).
  - ⇨ Steven Tierney explained that a couple of years ago the Council commissioned a Systems Capacity Analysis by Neighborhood (SCAN) of the TL.
    - This SCAN was the genesis of a Working Group on coordination of services.
  - ⇨ He explained that while services are available, and in close proximity, there is repetition of things such as intake registration and little overall coordination.
  - ⇨ The AIDS Office has applied for, and is confident of getting, a CDC Special Director's Award to help coordinate prevention, care, and other health services.
    - The results of this, called the Momentum Project, would become a model for other neighborhoods in SF and elsewhere around the country.
- Catherine Geanuracos asked for examples of new approaches / new way of looking at prevention coming out of the RFP process.
  - ⇨ Steven Tierney cited a number of programs including the following.
    - The Girls' After School Academy that will provide access to healthcare for young women in Visitacion Valley.

    - He noted that Tracey Packer, Lisa Reyes, and Elizabeth Davis will be working on this project.
  - New needle exchange programs with mobile services;
  - New innovative programs from the Black Coalition on AIDS (BCOA); and
  - The STOP AIDS Project's creative new logic model and plan.
- Derrick Mapp asked about agencies that didn't get funded and what can be done to avoid even further difficulties in the future.
  - ⇨ Steven Tierney explained that the AIDS Office is doing two specific things.
    - It is conducting an evaluation of the entire process which will include focus groups and interviews with people from the entire process, including: Council members, representatives from agencies that were funded as well as from agencies that weren't, and people who read/reviewed the proposals.
      - The objective is that future RFPs will engender responses directly applicable to the needs and objectives in the HIV Prevention Plan.
      - He noted that the winning proposals from the recent RFP are first rate.
      - The evaluation of the process will try to identify what worked and what didn't, what was clear and what was confusing.
    - The second thing is designing and providing training in strategies for funding, finding alternative funding, and grant writing – as highlighted in the presentation.
      - An objective being that if agencies regularly write small grant applications, when the next RFP, or other large grant, comes along it will be easier to address.
      - Part of this has included training from the SF Comptroller's office.
      - Other training will also be offered on a number of topics.
  - ⇨ He explained that the goal is helping agencies create a steady stream of funding for services, which means bringing in money from a number of sources.
- Abbie Zimmerman noted that the SF Foundation Center in downtown provides training in grant writing and is an excellent source of information on available funding sources.
- Abbie Zimmerman also noted that she works for one of the programs that didn't get funded and felt somewhat frustrated at not being able to speak / comment about the RFP process at the 04/14/05 meeting.
  - ⇨ Steven Tierney noted that Council members sit at the table with many different "hats" or roles in relation to prevention. There are community members, members of populations reached through prevention funding, and providers that are HPPC members. It is thought that the people who are involved in the work are the best to represent the needs of the communities they serve.
    - It is also the case that people engaged in prevention work are also the people who tend to have the wherewithal to put time and effort into community planning.
    - As a result, many Council members are affiliated with funded agencies.
  - ⇨ He highlighted that members have to balance managing who/what they represent: their agencies, their communities, their neighborhoods, and the whole of the city.
  - ⇨ He added that at the 04/14/05 meeting there was so much interest and emotion from the public that members had little opportunity to comment, and that it should have be handled in a different, better way.
- Abbie Zimmerman than asked for more information about the RFQ.

- ⇨ Steven Tierney said that more information about the RFQ should be available at the next meeting (07/14/05).

- In response to Catherine Geanuracos question, Andre Robertson provided overview of the BCOA's new programs, including the following.
  - ⇨ Many of the programs are expansions on previous work.
  - ⇨ He cited the Community Promise program, a community level intervention, which provides role models.
  - ⇨ He also explained that they were already doing PwP but have expanded their efforts based on interventions that have been demonstrated to be effective.
  - ⇨ He summarized that their expanded programs are based on what they know works, while at the same time are compliant with the CDC's emphasis on DEBI (Diffusion of Effective Behavioral Interventions).
  - ⇨ Steven Tierney pointed out that an element of the SFLI has been to expand upon DEBI by allowing programs to use interventions that have demonstrated effectiveness through scientific, evidence-based means.
- Frank Strona expressed his concern that at the next funding cycle, four years from now, small agencies will once again not have the resources to adequately respond to the RFP.
  - He cited examples of information requested that require agencies to take resources away from client services.
  - He suggested making the process easier by removing some of the data requested in the ancillary section, and only requiring it when/if the proposal is accepted and the organizations is invited to negotiate.
  - ⇨ Steven Tierney indicated that this is part of the reason for the current review process.
  - ⇨ Frank Strona and Steven Tierney agreed that easier ways need to be found for agencies to respond to the RFP within the limits of what is required.
- Michael Cooley explained (in response to a question) that the new approach The STOP AIDS Project is pursing is based on the notion that people function in sexual, behavior oriented, networks.
  - ⇨ They have identified about six such networks that will be their initial focus.
  - ⇨ They plan to do mobile outreach and identify key leaders in each of these networks, invite them to learn about networks and how to impact them by reducing members' risk.
- Rafael Cañadas asked if the Alternative Solicitation was open only to the agencies that had been but were no longer funded, or to all organizations.
  - ⇨ Steven Tierney explained that by law Solicitations have to be open to all.

Public Comments and Questions

- William Bland asked if there is a plan for coordinating new programs.
  - ⇨ Steven Tierney responded that during the last cycle agencies working in CTR/CTL met regularly to coordinate their efforts.
    - He cited the rollout of Rapid Testing in SF, which has become a national model, as an example of the effectiveness of their coordinating of services.
  - ⇨ He also explained that the intention this cycle is to expand such coordination to HERR, PwP, and continue it among agencies providing CTL.

- He added that members would be given more information on this at future Council meetings, and that a listing of agencies in each field should be available on the website (www.sfhiv.org).

- Deborah Cohan introduced herself as being from the St. James Infirmary and SF General Hospital (SFGH) BAPAC.
  - ⇨ She suggested applying some of the contingency funding to testing of pregnant woman at SFGH.
  - ⇨ She pointed out that they know how to prevent perinatal transmission of HIV, but need to ensure that all women are tested.
  - ⇨ She explained that about 12% of women currently get no prenatal healthcare and that there needs to be a systematic way of ensuring all pregnant women are tested.
  - ⇨ She also highlighted that after several years of no prenatal transmissions there were a few cases in the past couple of years.
  - ⇨ She suggested providing Rapid Testing to the 1,200 women who give birth at SFGH, which would probably require a half-time HIV Test Counselor.
    - She noted that they have gotten some funding from Pfiser for this project, but need $25,000 to provide HIV counseling.
- Billie Cooper identified herself as a long-term survivor of AIDS as well as a long-term member of the Tenderloin AIDS Resource Center (TARC).
  - ⇨ She asked why they are taking AIDS out of their name and if this indicates that they going to cut back on AIDS services?
  - ⇨ Steven Tierney noted that while the question is more appropriately asked of that agency's board, based on a presentation to the AIDS Office it is his understanding that their intention is to do more, not less.
- Billie Cooper also asked if other agencies will similarly expand.
  - ⇨ Steven Tierney responded that this seems to be a national trend as HIV services become embedded into the broader scope of Title 4 services.
- Michael Discepola suggested the proposal for testing at SFGH be referred to the Steering Committee.
  - ⇨ Steven Tierney indicated that providing HIV Testing and Counseling has been recognized by the SF-DPH as part of the "Standard of Care" for pregnant women.
  - ⇨ He added that while it is unclear as to whether this is a prevention issue or a routine part of services provided at SFGH the HPPC should do what it can to ensure testing takes place.

The attendees joined Gayle Burns in expressing appreciation to Steven Tierney for his presentation with applause.

- ⇨ Steven Tierney thanked John Melichar, Marise Rodriguez, and members of the professional staff for putting the slide presentation together.

Intersex Issues: Presentation and Discussion

Gayle Burns introduced Marcus Arana who explained that he is a discrimination investigator with the SF Human Rights Commission (HRC) and that he works specifically on civil rights issue relating to gender identification issues. He introduced his co-presenter Sean Saifa Wall.

- In way of background Marcus Arana explained that about a year ago SF HRC held public hearings investigating claims from Intersex people and discovered that the issues were civil rights related, not medical.
- He then conducted an exercise demonstrating how people tend to filter what they see.
  - ⇨ He pointed out that people filter things out so that we don't get over stimulated.
  - ⇨ He explained that people's minds tend to filter out things that either aren't a threat or not seen as important.
  - ⇨ He added that we live in a world were things tend to be categorized as plus or minus, and that we tend to filter out what doesn't fit neatly into those categories.
  - ⇨ He suggested that as a result of filtering people make assumptions about each other and that behavior towards one another results from those assumptions.
- Marcus Arana then conducted an exercise demonstrating how people tend to think in loops.
  - ⇨ He noted that even when one knows what is coming, it is difficult to break out of the loop.
- Marcus Arana suggested that to avoid being caught in stereotypes people must continually check their assumptions.
- He then conducted an exercise that went through stereotypes of Lesbian, Gay, Bisexual, and Transgender (LGBT) people.
- He then observed the following.
  - ⇨ A common thread of all of the LGBT stereotyping is gender transgression.
  - ⇨ Society is geared toward clear-cut gender identifications -- male or female.
  - ⇨ The first question asked at birth is, "What is it, boy or girl?"
  - ⇨ The root of homophobia and transphobia is that clear-cut gender roles are "violated."
- He then provided these definitions.
  - ⇨ Sex – Science defines as, "Biological reproductive potential"
    - When most people refer to "Sex" they are talking about being masculine or feminine.
  - ⇨ Gender – A social construct of what comes with being male or female.
  - ⇨ Sexual Orientation - Who one is attracted to.
  - ⇨ Gender Identity - How one sees self.
- Transgressing gender role is dangerous, as has been the experience for most LGBT people.
  - ⇨ For Intersex people stepping out of that box of the box starts at birth.
- In response to a question, Marcus Arana explained that Intersex refers to people whose anatomies have a combination of male and female sex characteristics and are considered different than the established standard of male or female.
- He noted that approximately one in 2,000 live births are babies with what is referred to as, "*Ambiguous genitalia*," and are termed, "*Intersex*."
  - ⇨ He noted that the physicians determine what is ambiguous, that later in life people so categorized often do not feel there is any ambiguity.
  - ⇨ One in 150 live births has some degree of intersex anatomy.
  - ⇨ Intersex children's parents are led to believe this is a problem.
- The SF HRC's hearing included testimony from 27 intersex individuals.
  - ⇨ These people said that there is no medical or functional need to have surgery at birth, that procedures are performed so that babies will fit into preconceived categories.
  - ⇨ Only one doctor from UCSF was willing to talk with the Commission, and then only for a half-hour.

- The SF HRC determined that surgeries on infant children are completely unnecessary; that doctors are not are not explaining to parents how common intersex is; some even represent the condition as an emergency.
  - ⇨ Marcus Arana conveyed a conversation he had with a head of Pediatrics at UCSF in which he asked why surgery was necessary at infancy, and the doctor responded that this is so that parents wouldn't be horrified when diapering the baby.
- In the 1950's the medical industry developed a Standard of Care which calls for cutting early and always to, "*Normalize the body.*"
  - ⇨ In this Standard of Care "*Normalize,*" means preserve fertility in those that they perceive to be female and preserve appearance on those they perceive as male.
  - ⇨ Due to the constraints of surgery, this usually means they turn most such children into females; this is called the "*Optimum Gender of Rearing Model.*"
  - ⇨ This is based on the belief that children are psycho-sexually neutral until the age of two and by providing defined genitalia the child will naturally slip into the assigned role.
  - ⇨ These surgeries are usually unnecessary, leave scare tissue, and often make it difficult to have intimate relationships.
  - ⇨ In the current medical context, a successful "Normalization" results in a heterosexual child within the gender roles ascribed to male or female children.
- He pointed out that there have been very few studies on psychological happiness of people who have been surgically normalized as children.

The attendee expressed appreciation for Marcus Arana's presentation with applause.

Marcus Arana then introduced Sean Saifa Wall who explained that he works as a health educator in AIDS prevention studies at UCSF's TRANS Project -- the Transgender Resource Neighborhood Space. Sean Saifa Wall provided some personal background, including the following.

- He was one of the people who testified to the SF HRC.
- He was born with a condition known as Partial Androgen Insensitivity Syndrome (AIS), which affects male (genetic XY) children who are not able to synthesize testosterone.
- He discovered that his medical birth records were originally marked, "*Ambiguous genitalia,*" but were altered and replaced with the term, "*Normal female.*" The psycho-social assessment of his birth record noted that, 'The mother has been informed that that child has ambiguous genitalia, but that we feel the child should be raised as a female based on her appearance at birth.'
- He explained that most children born with AIS are raised female, very few as male, and there has been no research on Hormone Replacement Therapy, nor is there research on people who wish to affirm their own gender.
- Throughout his life he reported that physicians haven't known how to deal with his body, and no information was made available.
- He didn't find out about his Intersex birth until he was 21, prior to which time he was raised and referred to as female.
- At 24 he decided to transition to male, but his experience was different than others transitioning MTF, and there was no data on intersex transitioning.
  - ⇨ One doctor described his body as, "*So weird she didn't know what to do with it,*" and another said he would "*Make him a man.*"

- He suggested that genital surgery is both transphobic and homophobic, and being played out on the bodies of infant children.
  - ⇨ He noted that he was put on estrogen therapy as well as seeing a psychotherapist so that he wouldn't be attracted to "*other women.*"
- He noted that in HIV prevention literature there is no mention of Intersex people, or anatomy, and he suggested the Council explore this.

The attendees expressed appreciation for Sean Saifa Wall's comments with applause. Marcus Arana explained that Sean Saifa Wall had only an hour to prepare his comments.

Comments and Questions

- Perry Rhodes III suggested that Sean Saifa Wall join the Council in the future, as he feels inadequate addressing issues relating to the prevention needs of Intersex people.
- Michael Discepola asked if there are any numbers on HIV incidence among Intersex people.
  - ⇨ Steven Tierney explained that such data doesn't exist and that this presentation could be the beginning of gathering such information.
- Michael Discepola suggested forming a Working Group to look at this population.
  - ⇨ He also suggested conducting a Rapid Assessment regarding HIV/AIDS.
  - ⇨ Marcus Arana noted that this could be difficult for a number of reasons including that some people are unaware that they were Intersex at birth, and some can't get their medical records.
  - ⇨ Michael Discepola suggested this is one of the areas a Working Group could address.
- Andre Robertson said that gender assignment isn't for the child, but for the parents and asked Sean Saifa Wall if he were given the opportunity to choose.
  - ⇨ Sean Saifa Wall said that he had always felt that he was in the opposite body, but was fortunate not to have had genital surgery when he was an infant.
    - He noted that when he was a child gender assignment surgery was contemplated and discussed, but that no one checked in with him
  - ⇨ He asserted that the reproductive organs that people have should stay with the person rather than introducing hormones.
- Michael Cooley asked if there a way of reaching Intersex people and exploring the risks associated with relations between Gay, Transgender, and Intersex people.
  - ⇨ Sean Saifa Wall explained that this is challenging, noting that all of these terms are politically, but that there are people that don't identify as Intersex.
  - ⇨ He added that people might be able to be reached with the right language; for instance rather than using the term Intersex people may relate to something directed toward people who have had genital surgery.
- In response to Michael Cooley's question, Sean Saifa Wall indicated that he doesn't know of any places that are particularly frequented by Intersex people, nor is there any sort of support network; that there is a lot of secrecy on this topic.
  - ⇨ Marcus Arana suggested prevention messages be about behavior rather than genitalia would be more effective.
- Michael Cooley asked where he could go for more education on how to talk about HIV prevention with this group of people.
  - ⇨ Marcus said that a resource list has been compiled relating primarily to Transgender, but also Intersex people that he can make available.

- ⇨ He noted that there are many support groups for parents, but not for the children.
- ⇨ He also recommended these Internet resources:
  - www.isna.org;
  - www.bodieslikeours.org; and
  - www.intersexinitiative.org.

- Abbie Zimmerman asked if using midwifes, as opposed physicians, would be a better for both children and parents.
  - ⇨ Marcus Arana responded that generally the difficulty comes from physicians the child is referred to – such as Pediatric Endocrinologists or Pediatric Neurologists.
- Marcel Miranda asked what the biggest prevention need is for this group; such as more inclusive literature.
  - ⇨ Sean Saifa Wall said that it would be great to have brochures that address the fact that there are people with bodies that are not traditionally male or female.
  - ⇨ Marcus Arana added that part of the difficulty in addressing prevention, and promoting testing, is that many in this group have been traumatized by the medical industry.
- Marcus Arana pointed out that the SF HRC has available the report he authored entitled, "*A Human Rights Investigation into the Medical 'Normalization' of Intersex People*," on their website at: www.sfgov.org/site/sfhumanrights_index.asp?id-5902.
- Gayle Burns invited Sean Saifa Wall to get involved in the Council.
  - ⇨ She added that she has had two clients that only disclosed to being Intersex after a couple of years of working with her.

The attendees joined Gayle Burns in thanking Marcus Arana and Sean Saifa Wall for their presentation and expressed their appreciation with applause.

Summary, Evaluation, and Closure of Meeting

Gayle Burns reminded members to fill in their evaluation forms and thanked the professional staff for its support. The meeting adjourned at 5:53 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer and Gayle Burns.

Reminders: The next HPPC meeting will be held on Thursday, July 14, 2005 San Francisco City Hall, Room 201.

HIV Prevention Planning Council Meeting
Thursday, July 14, 2005
3:00-6:00 pm

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First Unitarian Universalist Church
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Martin Luther King Room
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Gayle Burns, Israel Nieves-Rivera, and Steven Tierney

3:00 pm	**Welcome, Introductions, and Announcements**	**Steven Tierney**
3:15 pm	**Review and Approval of Minutes of June 9, 2005** ***(VOTE)***	**Steven Tierney**
3:20 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Steven Tierney**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section ***(POSSIBLE VOTE)***	**Steven Tierney**
3:50 pm	**HIV Prevention Funding 2005: Outcome of Alternative Solicitation** Objective: To present how the outcome of the solicitations for Prevention with Positives and Health Education/Risk Reduction meets the 2005 HIV Prevention Plan priorities	**Steven Tierney**
4:15 pm	***Break***	
4:30 pm	**Visitacion Valley: Report from the Community Liaison/Membership Committee** • Introduction and Community Description • Health Concerns in Visitacion Valley • Youth Media Perspective on Visitacion • Community Resources and Collaborations • Group Discussion and Q and A	Andre Robertson Lisa Reyes David Mauroff Youth from Mercy Housing GASA Micheal Bennet Alonzo Gallaread Casandra Perkins Ameerah Ali Elisha Rochell
5:55 pm	**Summary, Evaluation, and Closure of Meeting**	**Steven Tierney**
6:00 pm	**Adjournment**	

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Youth: Wednesday, July 20, 3:00-4:30 PM, 25 Van Ness Ave, 330A
Prevention with Positives: Tuesday, July 26, 4:30-6:00 PM, 25 Van Ness Ave, 330A
Steering: Thursday, July 28, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Substance Use & HIV Risk: Thursday, August 4, 4:00-5:30 PM, 25 Van Ness Ave, 330A
Membership/CLC: Monday, August 8, 3:00-4:30 PM, 25 Van Ness Ave, 5th Floor Conf Room
Full Council: August 11, 2005, 3:00-6:00 PM, Location TBD

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2005 Parking Lot

1. Post Exposure Prophylaxis (PEP)
2. Diversified/Non-Governmental Funding
3. Issues of HIV Prevention for African-American Men
4. Community Organizing as an Intervention
5. HIV Testing and Services in Visitacion Valley
6. Native American Health Center Presentation and Report on SCAN
7. Intersex Issues
8. Gay men's Health
9. Safer Injection Rooms and Syringe Exchange and Disposal Machines
10. Condoms and San Francisco Jails
11. The AIDS Quilt/Making the AIDS Quilt More Accessible in SF
12. Sex Work and Youth
13. Front Line Staff And Self Care
14. What Interventions are Working for HIV Prevention Agencies in SF

San Francisco

HIV PREVENTION PLANNING COUNCIL

Minutes

July 14, 2005

The next HPPC meeting will be held on **Thursday, August 11, 2005**
3:00 – 6:00 p.m.
City Hall, Mayor's Conference Room
San Francisco

Members Present:
Angie Beyer
Gayle Burns
Edward Byrom
Rafael Cañadas
Aaron Cohen
Michael Discepola
Thomas Ganger
Steve Gibson
Matt Jennings
Tom Kennedy
Thomas Knoble
Derrick Mapp
Joani Marinoff
John Newmeyer
Israel Nieves-Rivera
Ken Pearce
Perry Rhodes III
Andre Robertson
Gail Sanabria
Gwen Smith
Steven Tierney
Ken Vail
Abbie Zimmerman

Members Absent:
Chadwick Campbell*
Michael Cooley
Catherine Geanuracos
Janetta Johnson*
Tuck Mayo
Marcel Miranda
Frank Strona*

HIV Prevention Section:
Lacey Castellano (Intern)
Vincent Fuqua
Alice Heimsoth
Guillermo Gonzalez
Betty Chan Lew
Eileen Loughran
Tracey Packer
Lisa Reyes

Harder + Co.:
David Weinman (Minute-taker)
Allison Weston

Process Evaluation Team:
Kathleen Roe
Alison Wakefield

Guests:
Ameerah Ali, Mercy Housing
Milan Ardoin, Girls After School Academy (GASA)
Matthew Bajko – Bay Area Reporter
Michael Bennet, Visitacion Valley Fitness Center
Anthony Carrillo, UCSF - PHP & MOCP
Cache Colvin, GASA
Alonzo Gallaread, DPH - STD Control
Richard Hill, SF AIDS Foundation
Billie Jean Kanios, Walden House, CARE Council Member
Jay LaPlante, UCSF
Hannah Lindelof, UCSF - PHP/MOCP/WSP
David Mauroff, Mayor's Office of Criminal Justice (MOCJ)
Emmett L. Moore, Native American Health Center
Katherine O'Brien, DPH - STD Control
Steven Oxendine
Elisha Rochell, CLAER
Jen Sarché, AIDS Office
Chloe Underdue, GASA
Tonia Williams, GASA
David Wilson, SF AIDS Foundation
Christina Wong, Chinese for Affirmative Action (CAA)
Chea Sayon, Mercy Housing Youth
Sayisha Warr, Mercy Housing Youth
Latoyha Sayon, Mercy Housing Youth
Latasha Sayon, Mercy Housing Youth
Francis Sayon, Visitacion Valley Resident
Shashi Jivan, Mercy Resident Services Manager

*These members called to say they would be absent.

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HIV PREVENTION PLANNING COUNCIL
Minutes
July 14, 2005

Welcome, Introductions, and Announcements

DPH Co-Chair Steven Tierney called the meeting to order at 03:10 PM. After welcoming attendees he explained that this meeting is focused on Visitacion Valley and was originally scheduled for there. He then asked attendees to introduce themselves and make announcements. As an icebreaker he asked members to cite one fact people should be aware of about HIV prevention in SF.

- Steve Gibson announced that Magnet (The Gay Men's Health Center in the Castro) celebrated its second anniversary.
  - This announcement was met with applause.
  - ⇨ He added that Magnet has served more than 7,100 clients over the past two years whereas the expectation was that they would see 3,000 (1,500 per year).
- Abbie Zimmerman announced that Huckleberry's Cole Street Clinic peer counseling program reached 3,200 new people this past year.
  - This announcement was met with applause.
- Allison Weston announced that Harder & Company is conducting the Needs Assessment of HIV health services and that they are still collecting data particularly from the Transgender and Asian-Pacific Islander communities.
  - ⇨ She will contact members to ensure all populations are represented.
- Steven Tierney explained the San Francisco Gay Men's Community Initiative (SFGMCI) conducted an online survey, the results of which are summarized in the brochure distributed entitled, "*Findings from the SFGMCI's Online Survey,*" copies of which are available to absent members upon request.

Steven Tierney provided background on departing member Rafael Cañada's contribution to the HPPC, including his strong voice for culturally and linguistically appropriate youth services in SF.

- ⇨ He added that the Council will miss Rafael Cañadas' participation, views and input.
- ⇨ A Certificate of Appreciation honoring Rafael Cañadas was then presented.

Rafael Cañadas thanked his fellow Council members and said that he learned a great deal. He announced that he would be working at the Castro-Mission Health Center.

- ⇨ The attendees expressed their appreciation for Rafael Cañadas' contributions with applause.

Review and Approval of Minutes of June 9, 2005

Motion was made and seconded to accept the minutes of the 06/09/05 meeting. No changes were proposed and no objections were raised. The minutes were approved as presented.

General Public Comment and Members Response to Public Comment

Steven Tierney explained that all members of the public are welcomed to make comment. He then introduced Anthony Carrillo from UCSF Men of Color Program who asked to address the Council regarding Prevention with Positives and the Alternative Solicitation.

- Anthony Carrillo introduced himself and explained that the program at UCSF addresses the needs of African-American HIV (+) men in a clinical setting.
  - ⇨ He noted that he appreciated that the Alternative Solicitation was issued to address the needs of HIV (+) people in clinical settings.

- ⇨ He also explained that he understood that there were many applications for this funding, adding that he regrets that UCSF was not included in those awarded contracts.
- ⇨ He nonetheless looks forward to working with the Council in the future.

There was no other public comment or member response to the comments offered.

HPPC Co-Chairs/Steering Committee Report

Steven Tierney drew members' attention to the document entitled, "*Co-Chairs Report,*" which had been distributed by mail and made available at the meeting. The following was also highlighted.

National Standards for Culturally and Linguistically Appropriate Services (CLAS)

Steven Tierney provided background on the CLAS project; that there has long been established, albeit ignored, written standards for the culturally and linguistically appropriate provision of healthcare services. He and Gayle Burns have been asked to serve on the CLAS advisory committee charged with using HIV as a model for implementing these written standards. SF will be used as a test site for such implementation, due in part to the City's positive CLAS record.

Steering Committee 'At-Large' Member

Steven Tierney explained that there is an opening as an at-large member of the Steering Committee to fulfill the term vacated by Barbara Adler. That term expires 12/31/05.

- Gwen Smith, Michael Discepola, and Chadwick Campbell had been nominated by Ed Byrom.
  - Gwen Smith accepted the nomination.
  - Michael Discepola and Chadwick Campbell both declined.
- The Chair asked for nominations from the floor. None were offered.
- Gwen Smith was invited to speak, and she thanked the members for the opportunity.

Election was by role call as follows:

Member		Vote for Gwen Smith
Angie	Beyer	*Yes*
Gayle	Burns	*Yes*
Edward	Byrom	*Yes*
Chadwick	Campbell	*Absent*
Rafael	Cañadas	*Yes*
Aaron	Cohen	*Yes*
Michael	Cooley	*Absent*
Michael	Discepola	*Yes*
Thomas	Ganger	*Yes*
Catherine	Geanuracos	*Absent*
Steve	Gibson	*Yes*
Matt	Jennings	*Yes*
Janetta	Johnson	*Absent*
Tom	Kennedy	*Yes*
Thomas	Knoble	*Yes*

Member		Vote for Gwen Smith
Derrick	Mapp	*Absent**
Joani	Marinoff	*Yes*
Tuck	Mayo	*Absent*
Marcel	Miranda	*Absent*
John	Newmeyer	*Yes*
Israel	Nieves-Rivera	*Yes*
Ken	Pearce	*Yes*
Perry	Rhodes III	*Yes*
Andre	Robertson	*Yes*
Gail	Sanabria	*Yes*
Gwen	Smith	*Yes*
Frank	Strona	*Absent*
Steven	Tierney	*Yes*
Kenneth	Vail	*Yes*
Abbie	Zimmerman	*Yes*

* Absent during vote, although present later in meeting.

Steven Tierney announced the results of the vote and the attendees congratulated Gwen Smith with applause.

Steven Tierney then asked for updates from the various Committees.

Substance Use and HIV Risk Committee - reported Tom Kennedy

- The Committee is planning to present to the Council in October.
- The Committee's goal of defining Substance Use and describing its impact on HIV prevention in SF is almost finalized.
  - ⇨ It is taking a community-based approach and looking at the impact in each community.
- The Committee is developing recommendations to bring to the Council.

Youth Committee - Reported by Perry Rhodes, III

- The Committee has been working with the Membership Committee to ensure youth, especially those under 24 years of age, participate in the Council's work.
- It is also working on increasing communication between HPPC and SF School District.
  - ⇨ Steven Tierney has been invited to the next Committee meeting to advise and provide assistance in strengthening this relationship.
- The Committee's ongoing conversation centers on identifying gaps in youth services.

Prevention with Positives Committee - reported by Ed Byrom

- The Committee is working on the relationship between the Prevention and CARE Councils.
  - ⇨ Progress is being made on this front and the Councils are getting more in sync.
- It is also working on gaps in what needs to be done, and what services need to be provided.
  - ⇨ They have reviewed the IDU, Transgender, and Youth populations thus far.

Community Liaison and Membership Committee - reported by Abbie Zimmerman

- They are making a presentation later in this meeting's agenda.
- The Committee's last meeting held at Visitacion Valley.
- It is working on the plans for the next Diversity Training session, scheduled for October [Update: this may be December instead].
- The Committee is looking for recruitment input from member regarding next year.

Other areas of interest were also discussed, including the following.

UCHAPS (Urban Coalition for HIV/AIDS Prevention Services) - reported by Steven Tierney

- UCHAPS is an organization of the six cities with direct CDC funding.
- The next meeting will be in SF on the Saturday and Sunday before the national HPLS conference at the AIDS Office (07/30-31/05), and is open to the public.
- Gayle Burns, Israel Nieves-Rivera, and Steven Tierney are the SF HPPC representatives.
  - ⇨ He noted that a second government representative would be appointed shortly.
- Among other things, UCHAPS focuses on the national agenda, which at the direction of the current administration is increasingly a medical model of HIV prevention.
  - ⇨ He pointed out that the administration is also encouraging additional focus on rural prevention, although 40% of the epidemic is taking place in the ten largest cities, and about 80% in the largest 20 cities.

National HPLS Conference - reported by Steven Tierney

- The 2005 HIV Prevention Leadership Summit (HPLS) would be held in SF 7/31 - 8/3/05, and volunteer positions are available.
- The CDC, HRSA, the Academy for Educational Development, and NMAC cosponsor HPLS.
- HPLS is conducted every year.

- The conference will be structured in thirds:
  - ⇨ Community planning, such as HPPC;
  - ⇨ Best practices in HIV Prevention; and
  - ⇨ New and emerging initiatives -- such as the CDC's Advancing HIV Prevention initiative.
- Sunday there will be a meeting of nationwide Community Planning Board Co-Chairs and the SF HPPC's two community Co-Chairs have been invited to make presentations.

Mayor's Taskforce on Crystal-Meth Use and Treatment

- Both the Mayor and the HPPC have prioritized this topic.
- The taskforce's priorities are: prevention, treatment, youth, and criminal justice
- New members are being recruited, particularly those with understanding of substance use as well as prevention and treatment services.

San Francisco Leadership Initiative (SFLI)

- This is a response to the CDC's AHP initiative.
- The fact that CDC moved the national HPL conference here is actually an endorsement of the work being done here.

Zambia

- The country of Zambia has local and national prevention efforts that need assistance with coordination and has contacted the US for assistance.
- In response, the CDC has asked Steven Tierney if he would go to Zambia and explain the SF model of community planning.
- He pointed out that this demonstrates an enormous change in the way the CDC sees and evaluates the work done by this Council in coordinating local needs and national priorities.
  - ⇨ He added that this is testament to the good work being dong by the Council.

This news was met with applause.

HIV Prevention Funding 2005: Outcome of Alternative Solicitation[✖]

Steven Tierney distributed copies of the presentation entitled, "*San Francisco - AIDS Office RFP 34 - 2004*," copies of which are available to absent members upon request. He provided explanation in addition to the information contained in the presentation, including the following.

- The specifications of RFP and Alternative Solicitation come from the HIV Prevention Plan drawn up by the HPPC.
  - ⇨ Copies of the 2004 Plan document are available from the AIDS Office and online.
- For this cycle there have been about $27M in proposals, but only about $10M in funding.
  - ⇨ Independent, non-AIDS Office/DPH reviewers perform the process of determining which programs are funded.
- The AIDS Office takes the reviewers' recommendations and draws a grid comparing contracts awarded to the needs identified by BRPs (Behavior Risk Populations), sub-populations, and groups impacted by co-factors.
- When areas of need are missed the AIDS Office attempts to address them by working with agencies awarded contract, or by issuing an '*Alternative Solicitation.*'
  - ⇨ The Alternative Solicitation is a smaller RFP specifically addressing known service gaps.

[✖] Please note To accommodate the needs of guests making presentations to the Council the sequence of the meeting diverged from the agenda as distributed. These notes correspond to the order of the agenda document.

- This Alternative Solicitation addressed two recognized gaps, as follows.
  PwP with Latino Gay Men
  - ⇨ During the previous cycle four programs were funded.
  - ⇨ Seven programs applied for funding under the Alternative Solicitation, two were accepted: AGUILAS and Instituto Familiar De La Raza.

  PwP in Clinical Settings
  - ⇨ The PWP Committee, a joint effort of the HPPC and CARE Council, identified this as a priority.
  - ⇨ There was a gap in applications to the RFP for prevention in clinical settings.
  - ⇨ Two programs were funded under the Alternative Solicitation: Tenderloin AIDS Resource Center, and the Positive Health Services Program of UCSF at SFGH.
- Slide 7 entitled, "*RFP Funds Allocation*," should read "*Draft*" because the SF Board of Supervisors had not appropriated all of the funds, but are expected to.
- The "*enhancements*" are a result of feedback received that Needle Exchange had not been funded sufficiently through the RFP.
  - ⇨ Three programs have received enhanced funding: SF AIDS Foundation, the SF Needle Exchange, and the Stonewall Project at Magnet.
    - This news was met with applause.
  - ⇨ SF Needle Exchange will continue to be funded through the Haight-Ashbury Free Clinic.
- It is expected that another Alternative Solicitation will be issued, probably in January or February 2006 focusing on youth, but the level of funding has not as yet been established.
  - ⇨ A staff member will talk with the Youth Committee regarding this process.
- Funds from the Alternative Solicitation will be awarded as of August 1st, but it remains unclear if the funding is for 11 or 12 months.
  - ⇨ This should be cleared up in the subsequent few days.
- The final slide (Slide 9) demonstrates the relationships between providers and the DPH.
  - ⇨ New for this cycle is the Program Managers and Evaluators are working together to enable Community Based Organizations (CBOs) and the DPH to tell its success story.
- It is not a coincidence that the SF Board of Supervisors has recognized and continues to fund prevention efforts, that the Alternative Solicitation was issued, or that a Youth centered Alternative Solicitation will be issued.
  - ⇨ The HPPC, AIDS Office, and CBOs have worked hard to ensure its understanding of the epidemic is based on demonstrable scientific data, and that its success story is told.
- Members were urged to review the Strategic Evaluation Chapter of the 2004 Plan which he described as, excellent.
- The Objective for this four-year cycle is to reduce the infection rate by 50%, at least.

Questions and Comments

- Andre Robertson asked about the programs that didn't get funded, and if any programs were fully funded.
  - ⇨ Steven Tierney explained that in all processes some applications don't get funded, citing that there were 96 applications submitted and 24 programs awarded funding.
  - ⇨ He also noted that the average program received about 91% of their request and none were fully funded. He added that he would report later the percentage relating to the Alternative Solicitation.

- ⇨ Steven Tierney explained the percentage of funding a program receives is based on scoring performed by an outside, objective, review panel.
- Steven Tierney said that a list of funds awarded by BRP could not be issued until the contracts are finalized, at which time the information will be public and the list available.

Visitacion Valley: Report from the Community Liaison/Membership Committee

Steven Tierney introduced the representatives of Membership/ Community Liaison Committee: Abbie Zimmerman, Gayle Burns, Thomas Ganger, Andre Robertson,, Lisa Reyes, and Eileen Loughran. Lisa Reyes provided an overview of the Committee's work, including the following.

- The HPPC prioritized Visitacion Valley for a System Capacity Assessment by Neighborhood (SCAN).
  - ⇨ In 2003 and 2004, SCANs were conduced in Bayview Hunter's Point (BVHP) and the Tenderloin (TL) neighborhoods.
  - ⇨ Unlike those neighborhoods, Visitacion Valley does not have local HIV prevention services in place.
- The community told the Committee that their primary concern is violence, which was incorporated into the SCAN as an element of healthcare and HIV prevention.
- She explained the program for the remainder of the Council meeting would include:
  1. A review of the Visitacion Valley from Committee members;
  2. Reports on STDs and Violence in the area;
  3. A youth presentation describing What it is like living in Visitacion Valley;
  4. Guests representing Organizations Providing Services in Visitacion Valley;
  5. Summary Findings from the Visitacion Valley Scan; and
  6. A Panel Discussion of services, gaps in services and recommendations for improvement.

1. Review of the Visitacion Valley SCAN

   The Committee members conducted the presentation entitled, "*Visitacion Valley Report Back from the Community Liaison/Membership Committee,*" copies of which are available to absent members upon request. The following is information not covered in the presentation.

   - Andre Robertson expressed concern that the epidemiology data could be undercounting the HIV incidence in Visitacion Valley, which has the same risk factors found in BVHP and the TL including: large youth population, drug use, and men coming out of incarceration. (Slide 2)
   - He noted that the neighborhood is being gentrified with pockets of homes costing $500K and a few block away public housing projects, such as Sunnydale, where average annual income of about $15K. (Slide 3)
   - He also observed that the African-American population in SF is shrinking, currently about 68K people (< 10%) of the city, but African-American MSM are about 15% of HIV incidence.
   - He pointed out that has youth comprises a larger percentage of its population than SF as a whole and that there is a high incidence of Chlamydia in this youth population. (Slide 5)
   - Lisa Reyes explained that STD appended to the presentation was not included with the materials distributed by mail, but is available to absent members upon request. She then reviewed the data.
     - ⇨ She pointed out that on maps showing both Chlamydia and Female gonorrhea rate Visitacion Valley is shown in the highest incidence categories.

- ⇨ She noted that the data hasn't shown the expected crossover from STD to HIV, but the STD rates are all very high in Visitacion Valley and are being monitored closely.

Comments and Questions

- Thomas Knoble explained he lives in Ingleside, which also experiences a lot of violence.
  - He attributed this to the neighborhood being at the first SF exit on Hwy 280 for people coming up from the Peninsula and rival drug dealers battle for the location relative to traffic.
  - He wondered if Visitacion Valley's violence is similar, as it is the first SF exit on Hwy 101 when traveling north from the Peninsula.
  - ⇨ Andre Robertson explained that much of the violence is related to the drug trade, but there are other causes including turf wars not related to drug traffic.

2. Reports on STDs and Violence in the area

Lisa Reyes introduced David Mauroff from the Mayor's Office of Criminal Justice (MOCJ) who is working with the Violence Prevention Collaborative (VPC) in Visitacion Valley. David Mauroff provided an overview including the following.

- In 2004 an estimated 60% of the violent crime in the Ingleside Police District emanated from Visitacion Valley.
- He provided two tables entitled, "*Ingleside Police District Crimes by Offense,*" and, "*2004 Crime Statistics,*" copies of which are available to absent members upon request.
- He attributes the decrease in assaults and homicides to the coordinated efforts being made in the community, including those participating in the VPC.
- They are also seeing a lessening in the barriers between different racial-ethnic groups, who until recently would not, did not, mix at community services.
- His office is also involved in Operation Cease-Fire, which coordinates efforts among criminal justice partners: Police, DA, Juvenile and Adult Probation, various Parole Boards, Drug Enforcement Agency, and the Alcohol Tobacco & Firearms Department.
- Many of the big players in the neighborhood crime scene are off the streets, due either to arrest or violence, and this has had a significant effect in lessening crime.
- They are also implementing Operation Trigger Lock in which penalties are much more severe for crimes involving the use of guns.
- As regards drug traffic, overall crime has been so high customers have been driven off.
- The Gang Task Force estimates about 90% of crime among youth beings at school.
  - ⇨ That Sunnydale kids have a strong identification and stick together tends to contribute to the overall violence.
  - ⇨ The removal of the Geneva Towers housing project changed the shape of activities, but ultimately not the content.
- The Gang Task Force estimates that there are three gangs in Visitacion Valley: the Down the Hill Gang, the Up the Hill Gang, and the Powerside Gang.
- Sunnydale is the largest public housing development in SF with 757 residents, of which 59% are African-American, and 50% are 18 years of age, or younger.
- Another unique feature of Visitation Valley is the large Samoan population, which has different needs.
- The Visitacion VPC is growing and bonding as a group.

The attendees express appreciation for David Mauroff's comments with applause.

Questions and Comments

- Alonzo Gallaread noted that the housing project at the top of the hill is where the Samoan population largely resides and there is a great deal of tension between them and groups living in other areas.
  - ⇨ Between those tensions and the tensions resulting from turf-identified gangs people can not go safely more than a couple of blocks in any direction.
  - ⇨ He added that the violent crimes are largely tied up in the economy of drug sales; including sales to locals and those that come into the neighborhood to purchase drugs.
- David Mauroff added that there are simply too many guns on the streets.
- He added that the composition of the gangs are fluid, not like the Crips and Bloods in LA
  - ⇨ He directed people to www.SFGangFree.org for more information.
- He also pointed out that Visitacion Valley has many positives, including that it is a very beautiful community.
- Perry Rhodes III asked about the fluidity among gangs.
  - ⇨ David Mauroff responded that other neighborhoods, and CBOs working in those areas, say there isn't a gang issue in SF, and it seems that there isn't much of an issue in the Western Addition, or the Mission, but there is a lot of gang activity in Visitacion Valley.
  - ⇨ Unlike the gangs found elsewhere, often centered in the Latino community, with strong hierarchies, those in Visitacion Valley are centered in the African-American community and people tend to move from one group to the other; based largely on where they live.
  - ⇨ He added that some people float between gangs and that membership is often imposed rather than aspired to.
- Andre Robertson asked about community organizations that liaison between the neighborhood and law enforcement agencies -- such as Mothers Against Guns.
  - ⇨ David Mauroff said that there were a number of such organizations, including CLAER.
  - ⇨ He added that the SFPD has assigned officers specifically to Sunnydale, which is helping in building bridges between police and the community.
  - ⇨ The SFPD also participates in various community organizations.
- Lisa Reyes highlighted how violence in the neighborhood has even constrained HPPC meetings in Visitacion Valley, but that people continue to live their lives there.

3. What it is like living in Visitacion Valley

Lisa Reyes then introduced the Youth from Mercy Housing group. The Youth from Mercy Housing group then aired the video documentary they made of life in Visitacion Valley entitled, "*Exploring our Neighborhood.*" The attendees expressed their appreciation for the video with applause.

Comments Questions

- Mr. Sayon introduced himself as the father of one of the young women who made the video, Chea. His comments included the following.
  - ⇨ He has worked on the liaison between McLaren Park, Visitacion Valley High School and the educational establishment.
  - ⇨ Since 1994 he has been the President and VP of the Head Start Program in SF.
  - ⇨ The violence in Visitacion Valley has been on the increased over the past several years.
    - He cited a 19-year-old young man who was violently murdered and found by an elementary school student, and the traumas and repercussions that followed.

- ⇨ He said that people in the neighborhood want to work with the police, but feel as if their concerns are not getting attention.
  - He questioned if someone has to be killed for police to be dispatched, and suggested that prevention is better than cure.
- ⇨ He noted that his is from western Africa, and that in his tribe they didn't have a word for police, because everyone polices the community.
  - In the Western world, he observed, the role of police is huge, but they are not always responsive.
  - He concluded by saying that it takes a village to raise children.

His comments were met with applause.

- Tom Kennedy asked if the young women had a good time making the video.
  - ⇨ In response the young women said that it was a lot of fun, but took a long time to make, and they are proud to see it shown at meetings like this.
- In response to Steven Tierney's question the filmmakers said their next movie will be about health awareness, and that they would come back and show it to the Council when finished.
- In response to Abbie Zimmerman's question, the young women said that the biggest thing they took away from making the movie was an understanding and appreciation of people's views and opinions.
- Alonzo Gallaread asked what inspired them to take on this task, and did if they reached the goal they set when they came up with the concept.
  - ⇨ The filmmakers responded that the idea came from brainstorming. They added that they wanted to show people what they thought and what people in the community think needs to be done to stop the violence.

The attendees thanked the filmmakers with applause.

4. Organizations Providing Services in Visitacion Valley

Chinese for Affirmative Action (CAA)

Lisa Reyes introduced Christina Wong from CAA. Christina Wong provided an overview of CAA and its activities in Visitacion Valley.

- CAA started in Chinatown and has expanded into Visitacion Valley.
- In 1998 they were asked by both Asian and African-American residents of Visitacion Valley to provide services there as there has been a large influx of Asian into the neighborhood.
  - ⇨ While it is now majority Asian, in 1990 it was predominantly African-American.
- CAA has tried to provide services similar to those it offers in SF Chinatown.
- When they commenced providing services there was a lot of racial tension but they have made an attempt to cooperate with the African-American community.
  - ⇨ They created a number of collaborative programs to ease these tensions, such as neighborhood-wide events every six months or so.
  - ⇨ Their efforts seem to be lessening the ethnic-racial tension of the neighborhood.
- CAA is developing indigenous leadership in the Chinese community, including the Visitacion Valley Parents' Association, which enables them to advocate for themselves.
  - ⇨ It is comprised mostly of monolingual Chinese-speaking parents.
  - ⇨ It worked on SF Proposition F that would have allowed all parents to vote on matters relating to education, without regard to citizenship.
- Much of CAA's work in Visitacion Valley involves the education system.

- ⇨ This includes advocating for linguistically appropriate materials sent to parents.
- ⇨ This year they are focusing on a campaign on language access in the neighborhood.

The attendees express appreciation for Christina Wong's comments with applause.

Questions and Comments

- Israel Nieves-Rivera asked about the generational composition of the mono-linguistic population.
  - ⇨ Christina Wong explained that Visitacion Valley is the most affordable section of SF and that many households are comprised of several generations.
  - ⇨ She added that for the most part the first generation is monolingual, and subsequent generations multilingual.

Violence Prevention Collaborative (VPC)

Lisa Reyes introduced Micheal Bennett, who works at the Visitacion Valley Beacon Center and is Coordinator the Violence Prevention Collaborative. Micheal Bennett provided some of his career background and explained that he chose to work in Visitacion Valley because he feels he can make a difference there. He is also explained that he is still a student at SFSU. He presented a slide presentation depicting the work of the VPC including the following.

- VPC in collaboration with Goodwill focuses on jobs, particularly for youth.
- It also has an ESL program to help make connections between communities.
- One of the participants of the VPC pointed out to him that there used to be a City Clinic sub-office in Visitacion Valley, but it is now closed.
- They sponsored a "*Vote or Die*" program, which was very successful getting people registered, although it is difficult getting people to the polls.
- He pointed out that violence is a health issue in a number of ways, including that people are afraid to leave their homes, they become isolated and can't access health services.
- VPC also sponsors Youth Violence Prevention classes.
- VPC organizes programs and events to get people out of their houses.
- They are trying to put together a youth council to get young people to work together.
- The important lessons he learned working with HPPC include:
  - ⇨ Violence is the underlying social problem and that healthy alternatives need to be found;
  - ⇨ Poverty and violence are interconnected and generational;
  - ⇨ Health disparity between this and other communities is not being addressed;
  - ⇨ The turf situation leads to isolation and is a major obstacle for people trying to access healthcare services; and that
  - ⇨ He wants to continue to work with HPPC and follow-up on findings.

The attendees expressed their appreciation for Micheal Bennett's comments with applause.

Comments and Questions

- In response to Gayle Burn's question, Micheal Bennett and Lisa Reyes explained that the Geneva Towers were high-rise public housing project that were torn down and replaced with low-rise, courtyard centered units, but that the violence returned.

Girls After School Academy (GASA)

Lisa Reyes then introduced three young women from the GASA: Milan Ardoin, Cache Colvin, and Chloe Underdue. They explained that they are working on a project entitled, "*Girls Against Generational Abuse*," and provided an overview of the project including the following.

- The purpose is to educate youth on what domestic violence is.

- ⇨ This would include how to know if you are in a violent relationship, and how to get help.
- ⇨ It also includes defining and explaining dating violence.

- They conducted four focus groups at City College and three High Schools, their findings include:
  - ⇨ 63.3% disagree that a man may keep his woman from seeing or communicating with her friends or family.
  - ⇨ 30.3% were neutral to the idea that violence between dating partners is a personal matter and that others shouldn't interfere with.
  - ⇨ 57.5% thought that the subliminal message in lyrics of a popular song is that "*Woman are only good for sex.*"
- They have produced a brochure that is currently being reviewed and will be published in the near future, it includes:
  - ⇨ A definition of domestic violence,
  - ⇨ Statistics on domestic violence,
  - ⇨ Warning signs of domestic violence,
  - ⇨ Resources available,
  - ⇨ A list of things to keep oneself safe, and
  - ⇨ How to make a plan for getting out of a violent relationship.
- They will print 5000 and asked people to sign up for copies when available.

The attendees expressed their appreciation for the GASA project with applause.

Comments and Questions

- GASA is making a proposal to the DPH so as to be prepared to reprint their brochure.
- Steven Tierney pointed out that GASA is the one of the HPPC's latest prevention partners and welcomed them to the group.
  - ⇨ This news was met with applause.
- Israel Nieves-Rivera asked for a full copy of their findings, which they agreed to provide.

5. Summary Findings from the Visitacion Valley Scan

Lisa Reyes and Thomas Ganger then finished reviewing the Community Liaison/Membership Committee's slide presentation including a review of Issues Impacting HIV Prevention Efforts, Recommendations, and Membership of VPC (Slides 14, 15, & 16-17, respectively)

The Chair requested, and was granted by consent, a ten-minute extension to the closing time of the meeting in deference to the effort made by guests in travelling downtown for this meeting.

6. Panel Discussion

Lisa introduced the panel members: Ameerah Ali, Micheal Bennett, Alonzo Gallaread, Elisha Rochell, and Tonya Williams. She explained that the panel members are all service providers in Visitacion Valley. She asked them to describe the services their agencies provide and to list gaps they see in services.

- Tonya Williams, Executive Director of the GASA provided an overview of that organization.
  - ⇨ GASA focuses on girls 8 - 18 mostly in the Sunnydale area and provides reproductive health services.
  - ⇨ Their goal is to build girls into powerful women.
  - ⇨ She suggested that what is missing in Visitacion Valley is the connection between sexual habits and violence.

- She added that there is also a lot of violence in the home.

⇨ They have been doing a comprehensive reproductive health class in five schools including modules on: HIV, STD/Contraception, social norms around girls, and sexuality.

⇨ Have had great success working with the SF School District over the past five years.

⇨ They have applied for and have received funding from the AIDS Office's RFP, which enable them to expand what they have been doing.

- This year they will focus on high school girls and are working with two schools.

- Elisia Rochell is a Team Leader and Supervisor with the CLAER Project and a resident of Sunnydale in Visitacion Valley, as well as a student at City College and SFSU.
  - ⇨ The CLAER program has been in operation for about three years.
  - ⇨ The focus is on capacity building, believing that education is key.
  - ⇨ The program is part of the Urban Institute of SFSU.
  - ⇨ They provide training for families who have been impacted by violence.
    - Two people who had experienced murder in their families started it.
  - ⇨ They hold brown-bag lunches monthly to raise awareness in the community.
  - ⇨ They believe that violence is a health issue, along with jobs and education.
- Ameerah Ali works with Mercy Housing and was previously with AIM High in Visitacion Valley.
  - She noted that she was with AIM High when the 19 year old murdered man was found by an elementary school child. She described how difficult it was for both faculty and children.
  - She highlighted that this is the reality of the children in that neighborhood.
  - ⇨ Having worked first with the children while, and now working with the families, she understands why the kids act out and where so much of their behavior comes from.
  - ⇨ The service gap is that there are a lot of youth, adult and senior organizations, but not family organizations, which is part of what VPC is trying to address.
  - ⇨ There is also a need to help kids to talk with their parents about sex and other issues.
  - ⇨ Mercy Housing owns the buildings, provides services, and links to other agencies.
- Micheal Bennett reintroduced himself.
  - ⇨ The VV Beacon Center is open until 9:00 PM and provides services for youth, adults, and families.
  - ⇨ It also works with interfaith communities and churches.
  - ⇨ The center also has sports and other activities and programs for at-risk kids.
  - ⇨ The gaps he sees include the following:
    - More community meeting places; such as spaces for things like 12-Step meetings;
    - Needle Exchange in Visitacion Valley;
    - More outreach health services, and at regular predictable hours because members of the community often won't mix;
    - Services for MSM on the '*down-low*,' who have to go to the TL for services -- if they seek services at all;
    - More education around recovery and harm reduction -- people don't know the language of recovery and harm reduction, it needs to be in terms they can understand;
  - ⇨ VPC is addressing these issues, and is comprised of organizational decision-makers.
- Alonzo Gallaread from the STD Control Division of the DPH.

- ⇨ He coordinates the YUTHE program, which provides services targeted to African-American youth ages 12-24, living in areas with high STD rates, such as Sunnydale.
- ⇨ The staff consists of four peer counselors who do outreach and workshops.
  - The workshops haven't been very successful due to literacy problems.
  - He observed that many people can't fill out the enrollment forms.
- ⇨ They have a great relationship with the community; people know them, as they have been there for a long time.
- ⇨ They conduct twice-monthly STD screening and always get at least 20 participants.
  - And they have always found positives for Chlamydia or Gonorrhea who were non-symptomatic, and unaware of their status.
  - They use incentives of McDonalds $10 Certificates.
- ⇨ The program screens and treats, as people can't/won't go to the village, or City Clinic.
  - They also provide referrals to physicians and drive people to doctor's appointments.
  - They have caught several cases of Pelvic Inflammatory Disease (PID).
- ⇨ The program will provide services at Heritage Homes, which is necessary because some people there have turf issues that prevent them from getting services elsewhere.

The attendees thanked the panel members with applause.

Comments and Questions

- Steven Tierney noted that the SFLI has long asserted that literacy, poverty, substance abuse, mental health, and violence are all part of health care.
  - ⇨ He added that the presentations today confirmed this.
- Elisia Rochell observed that the way Alonzo Gallaread built relationships in the community is a good model; that is applicable to mental health services.

Review of recommendations (Slide 15)

Motion was made and seconded to accept the recommendations made by the Community Liaison/Membership Committee (Slide 15):

- ⇨ Health clinic in Sunnydale, or other location, based on input from future focus groups
- ⇨ Community building activities
- ⇨ Harm reduction efforts/DOPE Project
- ⇨ Needle Exchange
- ⇨ Culturally specific health services
- ⇨ Youth employment/job training skills
- ⇨ Mobile services.

Steven Tierney offered a friendly amendment that this is the first of many such meetings between the HPPC and members of the Visitacion Valley community, adding that the next meeting could be in Visitacion Valley and to include representatives of a spectrum of public health providers.

There was no further discussion. No objections were raised. The vote was by show of hands, the motion carried as amended.

Summary, Evaluation, and Closure of Meeting

Steven Tierney reminded members to fill in their evaluation forms and thanked the professional staff for its support. The meeting adjourned at 6:10 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer and Lisa Reyes.

Reminders: The next HPPC meeting will be held on Thursday, August 11, 2005
San Francisco City Hall, Room 201.

HIV Prevention Planning Council Meeting
Thursday, August 11, 2005
3:00-6:00 pm

City Hall
Mayor's Conference Room, Room 201
San Francisco, CA

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Agenda

Meeting called by Co-Chairs: Gayle Burns, Israel Nieves-Rivera, and Steven Tierney

3:00 pm	**Welcome, Introductions, and Announcements**	**Israel Nieves-Rivera**
3:15 pm	**Review and Approval of Minutes of July 14, 2005** *(VOTE)*	**Israel Nieves-Rivera**
3:20 pm	**General Public Comment**	**All**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**Structural Interventions as Effective Prevention Strategies: Introduction and Overview**	**Lisa Reyes Mike Pendo Tracey Packer**
3:45 pm	**Structural Intervention in Action: San Francisco Gay Men's Community Initiative** Presentation/Discussion of community-driven intervention.	**Vincent Fuqua Joseph Imbriani Oscar Macias Doug Sebesta**
4:30 pm	***BREAK***	
4:45 pm	**Structural Interventions as Effective Prevention Strategies: The Role of the HPPC**	**Lisa Reyes Mike Pendo Tracey Packer**
5:15 pm	**Review Guidance on 2005 Cooperative Agreement Application: Next Steps for HPPC Input**	**Tracey Packer**
5:30 pm	**HPPC Co-Chairs/Steering Committee Report** -Plan for joint HPPC/HSPC meeting (Possible Vote)	**Israel Nieves-Rivera**
5:55pm	**Summary, Evaluation, and Closure of Meeting**	**Israel Nieves-Rivera**
6:00 pm	**Adjournment**	

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Youth: Wednesday, August 17, 3:00-4:30 PM, 25 Van Ness Ave, 330A
Prevention with Positives: Tuesday, August 23, 4:30-6:00 PM, 25 Van Ness Ave, 330A
Steering: Thursday, August 25, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Substance Use & HIV Risk: Thursday, September 1, 4:00-5:30 PM, 25 Van Ness Ave, 330A
Membership/CLC: Monday, September 12, 3:00-4:30 PM, 25 Van Ness Ave, 5th Floor Conf Rm
Full Council: September 8, 2005, 3:00-6:00 PM, Location TBD

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2005 Parking Lot

1. Post Exposure Prophylaxis (PEP)
2. Diversified/Non-Governmental Funding
3. Issues of HIV Prevention for African-American Men
4. Native American Health Center Presentation and Report on SCAN
5. Gay Men's Health
6. Safer Injection Rooms and Syringe Exchange and Disposal Machines
7. Condoms and San Francisco Jails
8. The AIDS Quilt/Making the AIDS Quilt More Accessible in SF
9. Sex Work and Youth
10. Front Line Staff And Self Care
11. What Interventions are Working for HIV Prevention Agencies in SF

HIV PREVENTION PLANNING COUNCIL

Minutes

August 11, 2005

The next HPPC meeting will be held on **Monday, September 26, 2005**
3:00 - 6:00 p.m.
Milton Marks Conference Center, The State Building
455 Golden Gate Ave (between Larkin & Polk Streets)
Lower Level, San Diego Room, San Francisco

Members Present:	Members Absent:	Guests:
Angie Beyer	Michael Discepola	William Bland, SFAF
Gayle Burns	Thomas Ganger*	Vincent Fuqua, SFGMCI
Edward Byrom	Tuck Mayo	Richard Hill, SFAF
Chadwick Campbell	Andre Robertson	Joseph Imbriani, SFGMCI
Aaron Cohen	Gail Sanabria	Billie Jean Kanios, Walden House, CARE Council Member
Michael Cooley	Frank Strona*	Oscar Macias, SFGMCI
Catherine Geanuracos	Steven Tierney	Toni Moore (UCSF)
Steve Gibson	Abbie Zimmerman*	Jen Sarché, AIDS Office
Matt Jennings		Doug Sebesta, SFGMCI
Janetta Johnson		Rolph Shanabruch, SFSP
Tom Kennedy	**HIV Prevention Section:**	Mark Utterback, Stop AIDS
Thomas Knoble	Lacey Castellano (Intern)	
Derrick Mapp	Guillermo Gonzalez	
Joani Marinoff	Eileen Loughran	
Marcel Miranda	Tracey Packer	**Harder + Co.:**
John Newmeyer	Mike Pendo	Kym Dorman
Israel Nieves-Rivera	Lisa Reyes	Claire Knowland
Ken Pearce		David Weinman (Minute-taker)
Perry Rhodes III		
Gwen Smith	**Process Evaluation Team:**	
Ken Vail	Alison Wakefield	

*These members called to say they would be absent.

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Welcome, Introductions, and Announcements

Community Co-Chair Israel Nieves-Rivera called the meeting to order at 03:06 PM. He explained that DPH Co-Chair Steven Tierney is in Zambia at the invitation of that country's government to explain the SF model of community planning. Tracey Packer sat in as DPH representative. After welcoming attendees he asked them to introduce themselves and make announcements. As an icebreaker he asked members for something they do to reduce stress.

- Israel Nieves-Rivera announced that the program staff at AGUILAS, are taking on a large number of new tasks and will not be as available as they have been in the past to participate in other, non intervention-specific, outside activities and meetings. He also announced that he will be leaving due to agency restructuring and budget constraints.

- Marcel Miranda announced that the "Do I Look Back" program (08/10/05) was very successful with 203 participants. He added that this is clearly an issue with importance to the community and he thanked Council members for their support.
  - ⇨ He also noted that the SF Library's Court Auditorium is wonderful and holds 230.

- Eileen Loughran reminded members that the Membership/Community Liaison Committee sent a memo asking for feedback on the new member orientation, and asked members to respond to the survey to assist in developing the orientation for this year.
- Ken Vail noted that someone at the recent national HIV Prevention Leadership Summit (HPLS) conference expressed how "*blown away*" he was by the program at Magnet.
  ⇨ This announcement was met with applause.
- Tom Kennedy added that he was at a conference in Indiana where one of the participants told him that it was his dream to replicate Magnet in Indianapolis.
- Steven Gibson noted that this Council's community planning process was instrumental in the establishment of Magnet.

Israel Nieves-Rivera explained that today's meeting is focused on Structural Interventions.

Review and Approval of Minutes of July 14, 2005

Motion was made and seconded to accept the minutes of the 07/14/05 meeting. No changes were proposed and no objections were raised. The minutes were approved as presented with Chadwick Campbell, Michael Cooley, Catherine Geanuracos, and Marcel Miranda abstaining.

General Public Comment and Members Response to Public Comment

No public comment or response was offered.

Structural Interventions as Effective Prevention Strategies: Introductions and Overview

Israel Nieves-Rivera introduced Tracey Packer and Eileen Loughran to conduct the presentation entitled, "*Structural Interventions in HIV Prevention*," copies of which were emailed to members 08/12/05. In addition to the information in the presentation their remarks included the following.

- Structural Interventions has been on the Council's Parking Lot.
- The presentation provides a definition and framework for future discussion.
- The presentation is a summary of an HPLS session conducted by Darren Wohlfeiler and Sharon Novey.
- Structural interventions aim at modifying the social, economic, and political structures and systems in which we live. They are about making changes so that it is easier for people to live healthy, happy, productive lives.
- The San Francisco Gay Men's Community Initiative (SFGMCI), which was discussed later in the agenda, was cited as an example of community-level Structural Intervention.

Comments and Questions

- Catherine Geanuracos said that the program she is working with defines Structural Interventions as interventions that survive beyond the funding/life of the project/program.

Structural Interventions in Action: San Francisco Gay Men's Community Initiative

Tracey Packer introduced the SFGMCI representatives: Vincent Fuqua, Joseph Imbriani, Oscar Macias, and Doug Sebesta. Members of the SFGMCI distributed the documents entitled, "*San Francisco Gay Men's Community Initiative (SFGMCI),*" (Why We Need a New Gay Movement), "*The Organizational and Developmental History of the San Francisco Gay Men's Community Initiative,*" and the brochure entitled, "*Findings from the SFGMCI's Online Survey*." Copies of these are available online. They also shared copies of their marketing materials, including posters entitled,

"Be: Nasty," "Come On Board," "Create: Compassion," "Be: Playful," "Be: Uninhibited," and others; copies of which are also available in the download portion of their website. They presented an overview of SFGMCI including the following.

- They displayed the poster presented at the HPLS that diagrams their community building activities.
- The SFGMCI grew out of a community health forum held about three years ago.
  - ⇨ While the initial focus was HIV prevention it moved beyond that issue to include overall health and wellbeing, and to encompass future generations.
  - ⇨ This includes social and psychological needs as well as the need to have fun.
- The SFGMCI attempts to engage the community in what holistic health would look like, what the community should be like, and what needs to be done for a healthy and happy future.
- They interviewed people on the meaning of health, wellbeing, what it means to be a Gay man in SF, and about responsibilities to one's self and others.
  - ⇨ Responses to questions about health included things such as going to the gym, but not much about sexual health, and/or safe use of substances, or taking care of partners.
  - ⇨ Responses to questions about being a Gay man in SF included a lot of expressions of negative experiences, that there is no community, nothing to do, no social support, and social norms about sexual behavior and substance use tend toward the dangerous.
  - ⇨ Responses to questions about what can be done included comments about making the experience fun, and that there needs to be a sense of community - people are cold and unfriendly although this used to be a magical place.
  - ⇨ -People who have been in SF for a longer time tended to articulate what was wrong, but not what could be done.
    - Newcomers to SF tended to note that it is difficult to meet people in healthy ways.
- Members of the SFGMCI asked themselves what to do about it, noting that there are abundant service agencies and listings of activities in SF.
  - ⇨ They conducted focus groups asking participants what they would like to see.
  - ⇨ In response, SFGMCI have set their priority on turning around community norms by having activities that enable people to get together in healthy and enjoyable ways.
  - ⇨ The hope is that people would talk about being Gay, safe sex, health, etc.
  - ⇨ The assumption is that the more connected people feel to a community the more they care about themselves and each other.
- The SFGMCI is not trying to be an agency, but a catalyst for people in the community.

The SFGMCI Website

They conducted a tour of their website www.isparksf.com including the following.

- **About Us** - includes information on SFGMCI's mission, approach, staff, board, and funding.
  - ⇨ The City does not fund SFGMCI, although a small portion of the staff's time is on SF City payroll.
    - In time the staff roles will be handed off to others.
    - Part of the objective is not to be an agency, anything tied to the government, or HIV prevention provider/program.
  - ⇨ Most work is done by volunteers and materials/art contributed.
  - ⇨ Funding has been received from a number of organizations, as listed on the website.

- **Community Groups** - includes a number of different programs intended to reach a wide spectrum of the Gay men's communities including the following.
  - ⇨ Joseph Imbriani provided an overview of "**Every Man**" which includes activities intended to bring men of all kinds together such as:
    - Wilde Chat – is a group that has been so successful that the group had to be broken up into three or four separate groups and has expanded to include evening meetings.
    - Generations – includes activities for all age groups, which provide a safe space for intergenerational communication and open discussion. This is not a support group.
    - The activities include a number of initiatives that are done differently than those conducted by agencies. The events are community driven and come from participants' ideas.
  - ⇨ Vincent Fuqua presented an overview of "**SF Brothas**" which includes activities addressing the specific needs of African-American Gay men including:
    - Brotha's Think Tank - a get together and discussion group, which is held in the Castro because it is believed that African-American men are underrepresented/ignored in that neighborhood.
    - SF Brothas Newsletter which is about to release its first issue, including an interesting article about men '*on the down-low*'
  - ⇨ Oscar Macias provided an overview of "**Destino Comunitario**" which includes activities for the Latino Gay men's community including:
    - Destino Comunitario: Boletin Informativo / Newsletter a monthly publication highlighting the group's activities and news;
    - Café Destino a weekly meeting enabling Gay Latino men to get together and talk; and
    - Latino Pride - a Gay Pride event to be held in October (not in September as listed on the website) and will specifically address homophobia in the Mission neighborhood.
  - ⇨ Doug Sebesta provided an overview of the **other community groups** being addressed including activities for older and younger Gay men, and Asian/Pacific Island Gay men.
  - ⇨ He also provided an overview of some of the activities they are working on for the future, including Sunday Supper a monthly multigenerational dinner.

  The attendees expressed appreciation for the presentation by Joseph Ibriani, Vincent Fuqua, Oscar Macias, and Doug Sebesta with applause.
- **Homo Vive** - a survival guide for Gay men living in SF, divided into four sections:
  - ⇨ Homopractical - providing practical resources to living in SF;
  - ⇨ Homofun - providing resources for having fun in SF;
  - ⇨ Homocommunity - providing resources to getting involved in community activities; and
  - ⇨ Homohow - providing health and wellbeing resources

  Printed copies of the SFGMCI activity guide should be available 08/18/05.
- **Creativity** - Queer Culture Gallery
  - ⇨ Artists can submit work that relates to being Gay, or the SF Gay community.
- **Dialogue** - is under construction, but when completed it will include on-line community forums and chat rooms.
- **Download** - enables people to copy some of SFGMCI's posters, artwork, survey results, information about gay men's health, and other materials.

- **Survey** - This section includes results from the 2004 survey. A hard copy of the 2005 Men's Minds survey was distributed as an example of what could be completed either directly from SFGMCI's website or on paper.
- **The "Hi" Card Intevention-**
- Joseph Imbriani explained that SFGMCI sponsored as event in which participants wandered through the Castro saying "Hi" to people and distributing cards explaining the program.
  - ⇨ The program is intended to foster a sense of community, and connection between people, while at the same time being fun.
  - ⇨ This has never been done before, that they are trying to set new social norms.
  - ⇨ There are ten different cards saying things such as, "I'm not trying to pick you up, just trying to say hello."
- Doug Sebesta added that this is just one part of the puzzle / solution and they have had had positive feedback.

The attendees expressed their appreciation with applause.

Questions and Comments

- In response to a question from Janetta Johnson, Doug Sebesta said that there was a demographic breakdown of participants that would be made available.
- Joani Marinoff expressed her appreciation and said that, "*This is the cultural revolution I have been waiting for*".
- She then asked about passing on the leadership to the community, what does that look like, and how to create structural support.
  - ⇨ Doug Sebesta responded that there needs to be a structure in place, particularly when the idea is not to establish an agency.
  - ⇨ He noted that they are working with leadership training consultants to empower the volunteers to help them understand that they are the future.
  - ⇨ The founders are also providing technical and structural support, including assistance in finding funding -- such as obtaining grants.
  - ⇨ Overall, the idea is to empower the leadership that emerges from the community to create something on their own; with the understanding that it may take many years to mature.
- In response to Joani Marinoff's further question, Doug Sebesta indicated that the intention is that this will be a volunteer organization.
- Gayle Burn asked if they have a facility/office in the Castro where meetings take place.
  - ⇨ Doug Sebesta explained that they do not, that SFGMCI is "*Virtual*," and that most events have been happening at coffee shops.
- She then commended the effort and thanked the volunteers for all of their work.
  - ⇨ Doug Sebesta noted that the program is gaining recognition and that Wilde Chat now has a sister program in Toronto and that hopefully this is the start of a new direction.
- John Newmeyer noted some other Structural Interventions, including Community United Against Violence, and a group he belongs to that picks up litter in the Castro.
  - ⇨ He added that the more people involved in such efforts, the more that will get done.
- Israel Nieves-Rivera commented that the images on the website are predominantly of very buff men, and that while sexy images may attract viewers being buff isn't what the initiative is about.

- ⇨ Doug Sebesta explained that the site has a *'Constructionist'* artistic sensibility but that it also tries to be conscious of racial and age diversity.
- Catherine Geanuracos suggested that SFGMCI could find support in the private sector.
- She also noted that the more that is asked of volunteers, the more they will do, and that leaders will emerge from the group of volunteers
- Perry asked about cooking at the Sunday Supper event(s).
  - ⇨ Doug Sebesta explained that the thought is that the group, like a family, would cook together and delegate tasks.
- Janetta Johnson asked if there will be a sign-in sheet of who participated in Sunday Suppers.
  - ⇨ Doug Sebesta explained that as with any program that gets outside funding this isn't evaluation free, including review of participation, diversity, and its relationship to community development.
  - ⇨ He added that there will be no sign-in or cost, and no expectations of participants aside from their making a commitment for a specific period of time.
- Michael Cooley indicated that the Stop AIDS project may have facilities for such events.
  - ⇨ Doug Sebesta noted that the original idea was for it to be held in people's homes, adding that he would talk with Michael Cooley about alternatives.
- Ken Vail asked if there are restrictions on participants in any of the activities, such as: how long people have been in SF, their use of recreational substances, etc.
  - ⇨ Doug Sebesta said that the activities are totally inclusive and open for everyone.
  - ⇨ Doug added that part of the idea is that there are a lot of men getting into behavior trouble because they feel isolated, therefore, exclusion is antithetical to the idea.
- Israel Nieves-Rivera encouraged SFGMCI to keep it as unstructured as possible and not to become a program, with all of the issues surrounding funding requirements.
  - ⇨ Doug Sebesta noted that there is a balance between having sufficient resources to conduct activities and complying with the wishes of the community that it not be an agency or a highly structured organization.
- Doug Sebesta concluded by asking attendees to join /participate.

The attendees joined Israel Nieves-Rivera in thanking the representatives of SFGMCI for their time and effort with applause.

Structural Interventions as Effective Prevention Strategies: The Role of the HPPC

Israel Nieves-Rivera introduced Mike Pendo and Lisa Reyes to talk about the role of the HPPC.

- Mike Pendo suggested thinking of Structured Interventions as a river.
  - ⇨ The question becomes how to get drowning people out of the water rather than jumping in and saving one at a time.
  - ⇨ He suggested doing things *upstream* that keep people from getting into trouble.
  - ⇨ He then asked what could the HPPC do to stop the epidemic *upstream?* With the recognition that there is also need for *downstream* interventions.

Lisa explained the brainstorm exercise that was to be conducted was to identify Structural Interventions for HIV prevention that are both *up* and *downstream* and using Injection Drug Users (IDU) as a sample population.

- She and Mike Pendo explained that participants don't have to agree with proposed intervention, that brainstorming is freewheeling, and needn't be *'Politically Correct.'*

- Michael Cooley explained that one way of looking at it is that Structural Interventions are actions that often exclude individual/behavioral choice.

The brainstorm proceeded and included the following suggestions:

Upstream

- Legalize shooting galleries
- 24-hour syringe access machines
- Clean needles through the mail
- Affirmative Action
- Education, housing and employment, for at-risk communities
- Legalization of drugs
- On-line pop-up explaining what terms used mean -- such as slamming - including information on risk factors involved
- Educating providers on taking care of users
- Change attitudes about IDU
- Parity in public school education
- Acknowledgement that drug use occurs in prison/jail
- Reform criminal justice do away with mandatory minimums
- Universal health care
- New condom technology, such as Viagra laced condoms so people will actually use the condoms
- Research on clinical research among active IDU
- Improve the technology of syringes
- Legally sell substances and syringes in pharmacies
- Federal funding of needle exchange / separate church and state
- Federally funded safer injection rooms

Midstream

- Culturally appropriate treatment on demand
- Medical providers to assist people in injecting
- Low threshold methadone access/maintenance
- Free sleep detox /detox under anesthesia on demand, with no waiting list
- User organizing moving toward normalizing IDU - on Internet or where ever - because users are afraid to come out
- Staff and user clinics in jails
- IDU den or mandatory phlebotomist training for users
- Ethical staff in jail that doesn't smuggle drugs in
- Humanize users
- More discussion of sexual health in general

Downstream

- Injection education starting at grade school level / early on
- Acknowledgement of the sexual risk of IDU and making condoms available where IDU takes place

Lisa Reyes summarized by suggesting that effective HIV prevention in SF would take a multi-pronged approach

Questions and Comments

- Michael Cooley suggested that as a result of Federal guidelines the RFP focused largely on *downstream* interventions, and that the HPPC should promote changing Federal priorities.
- Lisa Reyes observed that *downstream* interventions tend to blame the victim.
- Mike Pendo suggested the Council look at the full spectrum of interventions - community policy/ *upstream* to individual/ *downstream*.

- Israel Nieves-Rivera suggested the conversation focus on what the HPPC can do in way of effective Structural Interventions.
- Joani Marinoff noted that one of the things that makes *upstream* Structural Interventions difficult is that their results are often hard to evaluate/quantify.
- Tracey Packer suggested looking at the small steps that can reasonably be done today, because addressing the large issues could be overwhelming and not feasible.
  - ⇨ She also suggested the Council map interventions on a Impact/Feasibility scale (concept mapping), and that once plotted it could start with those that are the most feasible and have the largest impact working up to the less feasible.
- Tom Kennedy suggested better cooperation between the DPH's STD Prevention & Control, HIV Prevention Section, and Research Section would be a big Structural Intervention.
- Derrick Mapp asked if feasibility is evaluated in the current environment?
  - ⇨ Tracey Packer responded that feasibility changes from time to time.
  - ⇨ In way of example she cited legalization of drugs, which would have a very large impact, but is highly infeasible at present; but its feasibility may change in time.
  - ⇨ Likewise, reducing the stigma of substance use might have nearly as large an impact as legalizing, but is much more feasible right now.
- Catherine Geanuracos noted that the project she is working on at UCSF Division of Adolescent Medicine is a Structural Intervention funded by the National Institutes of Health and they are working on developing evaluation models, technology, and methods.
  - ⇨ She added that there is research showing that individual community level interventions focused on specific issues, or a specific sector of society, have little effect, but that multiple interventions have a demonstrable cumulative effect.
  - ⇨ She suggested at each Council meeting members talk about what has been working in the various communities and what else could be done.
- Israel Nieves-Rivera noted there is no greater demonstration of where Structural Intervention is needed than the information that came from Visitacion Valley.
- He also observed that despite the Council's support of Structural Interventions it prioritized its funding in a way that was focused on *downstream*/individual interventions.
- He then added that most programs do not think of themselves as the intervention itself.
  - ⇨ He noted that Magnet, and Aguilas are exceptions as their structure is the intervention.
  - ⇨ He added that one way the Council can encourage such Structural Interventions is by watching its use of language and recommendations.
- Steve Gibson said that clinical services and community interventions are equally important and together form the whole.
- Joani Marinoff said that part of the reason the RFP was so focused on individual intervention was a response to the CDC's initiative - Advancing HIV Prevention (AHP).
- She noted a program at SF City College, "*Transgender Voices/Transgender Rights,*" which is student-driven, arising out the desire to meet the needs of Transgender students to have a safe environment on campus.
  - ⇨ She added that although it has had participation from a spectrum of the college community and administration, it is an example of taking little steps toward a larger goal -- the health and wellbeing of Transgender people.

- Tracey commented that although the RFP focuses on the *downstream*, providers have been very creative such as Stop AIDS' "*Sexual Networks*", Cal PEP, St James Infirmary, and others.
  - ⇨ She suggested the Council be a forum for finding feasible ways of moving interventions further *upstream*.
- Catherine Geanuracos observed that people in the field are hungry to do something that isn't individually focused, things that are more community focused.
- Derrick Mapp noted that the Drug Policy Alliance is doing a lot of work on how drug use is viewed by society and in a political context.
- He suggested looking at educating funders on what is being done, and how it is being done.
- Ken Vail suggested that there needs to be a reinvigoration of social activism.
- He also suggested bringing new allies into HIV prevention; perhaps from other healthcare groups (i.e., the Cancer Society, or the Heart Association), who are pushing for the same *upstream* Structural Interventions.

Review Guidance on 2005 Cooperative Agreement Application: Next Steps for HPPC Input

Israel Nieves-Rivera explained that one of the most important things the Council does is reviewing SF's application to the CDC; the Cooperative Agreement. The HPPC issues a letter to accompany the application, both of which are due to the CDC 09/21/05, however, The City just received the application. He commented to representatives of the CDC that if they valued community planning that would allow more time for Councils' review. Nonetheless, the process will be quick this year. He then introduced Tracey Packer to conduct the presentation entitled, "*2006 Cooperative Agreement*" copies of which were sent to all members 08/12/05. Her additional comments included the following.

- The HPS received the CDC's guidance at the end of July.
- In 2003 SF submitted an application for five years (2004-08).
  - ⇨ Each year the DPH submits an Interim Progress Report (IPR).
  - ⇨ In this instance the application reviews what was done in 2005 and explains what will be done in 2006 based on a number of indicators/targets (i.e., Number of new infections, number of contacts it takes to get someone into case management, etc.).
- This Council has issued a Letter of Concurrence every year, execpt 1996 when it expressed reservation about the RFP process.
- The Budget includes Alternate Solicitation.
- It should be noted that the CDC is just one of the sources of funding; the State provides about $800K and the City about $3M.
- The total CDC award is $9.3M, with $6.1M going to contracts, $2.5 to grant administration, and $.7M to other administrative/indirect costs.
  - ⇨ The HPS professional staff has responsibilities aside from those associated with supporting HPPC.
- Priorities for the 2006 Application:
  - ⇨ 08/25/05 - Steering Committee will review the priorities for 2006;
  - ⇨ 09/08/05 - (Regular Council meeting date/time) there will be a meeting for all interested parties to talk about the 2006 priorities at the AIDS Office; and
  - ⇨ Priorities that have come out of the Council thus far include --
    - Focusing on testing technologies, such as RNA testing,

- Separating testing/counseling and data collection,
- Doing Program Evaluation Monitoring System (PEMS) "*Our way*",
- Diffusion of Effective Behavioral Interventions (DEBIs) in SF,
- Things being worked on in Committees at present,
- Looking at the cost effectiveness of services, and
- The San Francisco Leadership Initiative.

- The timeline for the 2006 Application to includes:
  - ⇨ During the week of 09/19/05 a draft of the application will be sent out;
  - ⇨ Although the due date is 09/21/05 HPS will request a postponement to 09/28/05;
  - ⇨ So the Council can vote on the application at the Joint Council meeting 09/26/05.

Comments and Questions

- In response to Joani Marinoff's question, Tracey Packer said she would have to get back to her on what the budgeted Cost of Living Allowance (COLA) percentage is.
- Joani Marinoff also asked what would be the possibility of putting Structural Interventions on the 2006 agenda.
  - ⇨ Tracey Packer responded that this might be part of an overall review of the Plan's Evaluation Chapter.
- Ed Byrom suggested including issues of funding and Names Reporting in the priorities.
  - ⇨ Marcel Miranda added that Names Reporting will happen next year because the CDC is strongly pushing it; so the question is: How should that be handled in SF?
- Steve Gibson said that the Cooperative Agreement might be the most important thing the Council does and that he encourages postponement so that it could be carefully reviewed.
- Perry Rhodes III suggested the Letter of Concurrence should be with reservation, because the Council should express objection to the short turnaround time.
  - ⇨ Israel Nieves-Rivera explained that we can make note of the lack of sufficient turnaround time, but a Letter of Concurrence with Reservation would refer to the Council's reservations about SF DPH's process, not the CDC's.

HPPC Co-Chairs/Steering Committee Report

Israel Nieves-Rivera noted that the report entitled, "*HIV Prevention Planning Council (HPPC) Co-Chairs Report Thursday, August 11, 2005*"was sent out to all members. He expressed appreciation for members of the Council and volunteers who helped make the HPLS a success.

- ⇨ The attendees expressed their thanks and appreciation with applause.

- He highlighted that next month's meeting will be the annual joint meeting with the CARE Council and comes at a critical time for the SF CARE Council.
  - ⇨ He urged all HPPC members to attend, even though it is on a different schedule:
    - Monday 9/26/05, at the State building
      - 3:00 - 4:30 - HPPC business
      - 4:30 - 6:00 - Joint business
      - 6:00 - 7:30 - Care Council business
  - ⇨ He pointed out that not only is CARE funding from Washington difficult, there may be cuts due to other cities and the Hold Harmless provisions.

Questions and Comments

- Steve Gibson noted that attendees at HPLS didn't have the opportunity to visit programs due to CDC's management of the schedule.
  - ⇨ He suggested that the way the CDC treats SF should be part of the SF Leadership Initiative, adding that attendees were denied the opportunity to see SF methodology.
  - ⇨ Israel Nieves-Rivera indicated that the Co-Chairs were aware of the situation, but are not sure how it happened, and that he is not sure it was the CDC who did this.
  - ⇨ He noted that indications are that NMAC (National Minority AIDS Council) pulled touring local programs, however, it is not certain.
  - ⇨ He added that Steven Tierney sent an email to the Host Committee, and when it is determined how this happened a letter will be sent.
- Israel Nieves-Rivera then suggested that in the future the Council discuss how local providers are self-censoring, saying they don't want the attention that Stop AIDS has received in the past.
  - ⇨ Matt Jennings suggested that programs be more proactive and anticipate reaction and what can be done in response to attempts at censorship.
  - ⇨ Lisa Reyes noted that a lot of agencies phone her about fear of being censored.

Agenda for Joint Councils Meeting (09/26/05)

Israel Nieves-Rivera then asked for members' input on topics to be discussed with the CARE Council during the Joint Councils meeting. Recommendations included the following:

- Reauthorization;
- The Prevention with Positive (PWP) Committee becoming one of their standing committees;
- Collaboration between the Councils;
- Unique Identifier testing number concept to be adopted by both Councils
  - ⇨ Particularly useful in tracking referrals / linkages;
- Names Reporting
  - ⇨ Because the way Care is funded is based on the number of people serviced and the CDC is not accepting the methodologies coming from the DPH's Epidemiology Section;
- Centers of Excellence (CoE) and what should be included (such as PWP);
- President Bush's 10 principles** which includes integrating prevention and care;
  - ⇨ Would this work in SF?
  - ⇨ Perhaps have Co-Chairs of both Councils discuss this before the meeting and submit a recommendation.
  - ⇨ Perhaps take a vote on keeping the Councils separate.
  - ⇨ Be sure that comparisons are to similar jurisdictions.
  - ⇨ Discussion of the different missions of the two Councils.

** Israel Nieves-Rivera will send out information on President Bush's 10 principles.

Tracey Packer explained that the Co-Chairs would take these suggestions, meet with the CARE Council's Co-Chairs, and prepare an agenda.

Hold Harmless Provision

Israel Nieves-Rivera expanded on the UCHAPS section of the report. Because SF's rate of new infection has been lowered it no longer qualify for CARE funding under Title One. Some funding, however, is proportioned under the Hold Harmless provision, which allows jurisdictions to maintain their levels of service. SF receives 92% of the Hold Harmless provision but other

areas are seeking to increase their share of those funds. He added that although Mayor Newsom and Representative Pelosi have been supportive, SF could lose some of its CARE funding. So the CARE Council has a tough year ahead.

Community Co-Chair
Israel Nieves-Rivera suggested members think about nominations for new Community Co-chair as his term is due to expire at the end of this year.

Summary, Evaluation, and Closure of Meeting
Israel Nieves-Rivera reminded members to fill in their Evaluation Forms. The meeting adjourned at 5:57 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Eileen Loughran and Israel Nieves-Rivera.

Reminders: The next HPPC meeting will be held on Monday, September 26, 2005 Milton Marks Conference Center, The State Building, 455 Golden Gate Ave (between Larkin and Polk Streets), Lower Level, San Diego Room, San Francisco

Joint Council Meeting
HIV Prevention Planning Council
and HIV Health Services Planning Council

Monday, September 26, 2005
3:00-6:00 pm

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Milton Marks Conference Center
The State Building
455 Golden Gate Avenue (between Larkin & Polk Streets)
Lower Level, San Diego Rooms B & C
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Gayle Burns, Israel Nieves-Rivera, and Steven Tierney

3:00 pm	**Welcome, Introductions, and Announcements**	**Gayle Burns**
3:10 pm	**Review and Approval of Minutes of August 11, 2005** ***(Vote)***	**Gayle Burns**
3:15 pm	**General Public Comment**	**All**
3:25 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** ***(Possible Vote)***	**Gayle Burns**
3:45 pm	**2005 Interim Progress Report and Continuation Application for 2006: Discussion of Letter of Concurrence** ***(Vote)***	**Gayle Burns** **Tracey Packer**
4:05 pm	**2006 Priorities: Discussion of HPPC Work in 2006**	**Gayle Burns**
4:30 pm	***JOINT MEETING BEGINS*** **Introductions**	**Both Councils**
4:40 pm	**Roles, Mission & Vision of Councils Presentation** *Each Council will briefly present their roles, mission and vision* ***Public Comment on this item***	**Charles Siron,** HIV Health Services Planning Council **Gayle Burns & Israel Nieves-Rivera,** HIV Prevention Planning Council

4:50 pm	**Reauthorization of the CARE Act** *The representatives of the HIV Health Services Planning Council will present the current status and issues of concern regarding the reauthorization of the Ryan White C.A.R.E. Act. Time for questions and answers will follow.* ***Public Comment on this item***	**Randy Allgaier,** HIV Health Services Planning Council Co-Chair **Laura Thomas,** HIV Health Services Planning Council
5:35 pm	**Prevention with Positives Presentation** *The HIV Prevention Planning Council will give an update on current prevention with positives initiatives and contracts. Time for questions and answers will follow.* ***Public Comment on this item***	**HIV Prevention Planning Council**
5:50 pm	**Next Steps** *The group will discuss any next steps for the two Councils to continue work together.* ***Public Comment on this item***	**Co-Chairs from both Councils**
6:00 pm	**Joint Council Meeting Adjourned**	

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Prevention with Positives: Tuesday, September 27, 4:30-6:00 PM, 25 Van Ness Ave, 330A
Substance Use & HIV Risk: Thursday, October 6, 4:00-5:30 PM, 25 Van Ness Ave, 330A
Full Council: October 13, 2005, 3:00-6:00 PM, Location TBD
Youth: Wednesday, October 19 , 3:00-4:30 PM, 25 Van Ness Ave, 330A
Membership/CLC: Tuesday, October 11, 3:00 – 4:30 PM, 25 Van Ness Ave, 5th Floor Conf Rm
Steering: Thursday, October 27, 3:00-5:00 PM, 25 Van Ness Ave, 330A

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

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2005 Parking Lot

1. Post Exposure Prophylaxis (PEP)
2. Diversified/Non-Governmental Funding
3. Issues of Risk Behavior Research with African American Men
4. Native American Health Center Presentation and Report on RAP by Native American AIDS Project
5. Safer Injection Rooms and Syringe Exchange and Disposal Machines
6. Condoms and San Francisco Jails
7. The AIDS Quilt/Making the AIDS Quilt More Accessible in SF
8. Sex Work and Youth
9. Front Line Staff And Self Care
10. What Interventions are Working for HIV Prevention Agencies in SF

HIV PREVENTION PLANNING COUNCIL

Minutes

September 26, 2005

The next HPPC meeting will be held on **Thursday, October 13, 2005**
3:00 – 6:00 p.m.
The San Francisco LGBT Community Center
Ceremonial Room, 4th Floor
1800 Market Street (@ Octavia)
San Francisco, CA

HPPC Members Present:
Angie Baker
Gayle Burns
Edward Byrom
Chadwick Campbell
Michael Cooley
Michael Discepola
Matt Jennings
Thomas Ganger
Catherine Geanuracos
Steve Gibson
Janetta Johnson
Tom Kennedy
Thomas Knoble
Derrick Mapp
John Newmeyer
Israel Nieves-Rivera
Ken Pearce
Perry Rhodes III
Gwen Smith

HPPC Members Absent:
Aaron Cohen
Joani Marinoff
Gail Sanabria
Frank Strona
Steven Tierney*
Ken Vail*
Abbie Zimmerman*

HHSPC Members Present:
Randy Allgaier, Co-Chair
Anita Booker, Co-Chair
Aylisha Benham
Jeff Byers
William Blum
Brian DiCrocco
Elyse Graham
Marry Lawrence Hick
Brad Hume
Billie Jean Kanios
Dorothy Kleffner
Walter Miller, Jr.
Jack Newby
Lara Sallee
Charles Siron, Co-Chair
Laura Thomas

HIV Prevention Section:
Vince Fuqua
Guillermo Gonzalez
Betty Chan Lew
Eileen Loughran
Tracey Packer
Mike Pendo
John Melichar

Guests:
Brett Andrews, PRC
William Bland, SFAF
Debbie Castaneda
Dara Coan
Wade Flores, Marin HIV/AIDS CARE Council
Sue Gallego, SFAF
Karl Halfman, State Office of AIDS
Richard Hill, SFAF
Bill Hirsh, ALRP
Carolyn Hunt
Skot Jonz Administrative Assistant
Marce Murray Levin, Continuum/TLC
Naomi Prochovnide, Continuum/TLC
Chandra Sivakumar, Larkin St. Youth
Michael Underhill
Carla Wilson, QYHAC

Harder + Co.:
Clare Nolan
David Weinman (Minute-taker)

Process Evaluation Team:
Alison Wakefield

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*These HPPC members provided advanced notice of their absence.

Please Note: Due to its association with the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, the HIV Health Services Planning Council (HHSPC) is often, and hereinafter, referred to as the CARE Council.

HIV PREVENTION PLANNING COUNCIL
Minutes
September 26, 2005

Welcome, Introductions, and Announcements

Community Co-Chair Gayle Burns called the meeting to order at 3:07 PM. She explained that she is one of three HPPC Co-chairs who rotate duties. After welcoming attendees she asked them to introduce themselves and make announcements.

- Angie Beyer announced that she recently married. Her new last name is "Baker".
  - ⇨ This news was met with applause.
- Steven Gibson announced that he would not be at next month's Council meeting.
- Tracey Packer announced that she is sitting in for Government Co-Chair, Steven Tierney.
- Allison Wakefield announced that this will be her last meeting as process evaluator, she has accepted a position working with Planned Parenthood.
- Michael Cooley announced that part of the grant received by The Stop AIDS Project would be used to purchase a RV/Van to do Rapid Testing in conjunction with AHP.
  - ⇨ In preparation Stop AIDS is practicing Rapid Testing and has several volunteer positions available.
- Tracey Packer was asked by Jimmy Loyce, Jr. the Deputy Director for AIDS Programs of the SFDPH to announce a meeting to discuss the best use of the various streams of funding.
  - ⇨ Meeting will be held 10/03 & 06/05 from 3:00-5:00 PM at 101 Grove, Room 300.

Review and Approval of Minutes of August 11, 2005

Motion was made and seconded to accept the minutes of the 08/11/05 meeting. No changes were proposed and no objections were raised. The minutes were approved as presented.

General Public Comment and Members Response to Public Comment

No public comment or response was offered.

HPPC Co-Chairs/Steering Committee Report

Gayle Burns noted that the Steering Committee discussed the following:

- The Cooperative Agreement, which will be reviewed later at this meeting;
- Consideration of a policy regarding members' tardiness as it has been brought to the Co-Chairs attention that some members are often late and/or regularly leave early; and
- That Marcel Miranda is no longer a Council member due to scheduling conflicts.

Discussion and Comments

- Janetta Johnson noted that she had brought to the attention of the Substance Abuse and HIV Risk Committee, and wants the Council to be aware, that although the HPPC wants representation from diverse populations some populations need special support and compassion, including members of the transgender community.
  - ⇨ She noted that a handful of transgendered folk representing that community in a number of capacities, spreads those individuals very thinly.
- Michael Cooley noted that the Youth Committee had identified a gap among members of transgender population.
- Janetta Johnson suggested the Council discuss what can be done to support transgender membership on the Council, particularly in light of special needs of members of this community.
  - ⇨ Perry Rhodes III asked for specifics.

- ⇨ Janetta Johnson observed that it has been difficult for transgendered folk to continue their membership through the whole term, particularly among the MTF population, and that a broad discussion is called for, not just her viewpoint.
- ⇨ Gayle Burns suggested people attend the Membership/Community Liaison Committee meetings to provide feedback on different communities' special needs.

2005 Interim Progress Report and Continuation Application for 2006: Discussion of Letter of Concurrence

Tracey Packer conducted the presentation entitled, "*2005 Interim Progress Report*," copies of which are available to absent members upon request. Her comments beyond those in the text of the presentation included the following.

- The IPR and Cooperative Agreement process includes these steps:
  - ⇨ The AIDS Office drafts the IPR based on the HIV Prevention Plan;
  - ⇨ Members of the Council review the draft and make recommendations
    - For this year, the meeting was held on 09/08/05;
  - ⇨ Another draft of the Council's letter is distributed to members
    - This year it was sent out on 09/20/05; and
  - ⇨ Then the final letter (of concurrence, non-concurrence, or concurrence with reservation) is presented to the Council and voted on.
- (Slide 2) The Interim Progress Report (IPR) is the CDC's way of evaluating progress for annual continuation of funding.
- (Slide 3) New models for diagnosing HIV include Rapid Testing and new types of testing such as RNA.
- (Slide 4) The Performance Indicators are set by the CDC.
- (Slide 4) Plans and Budgets come from the Plan and the work of the Committees.
- (Slide 6) The 2005 statistics will be available around March including de-tuning.
  - ⇨ New infections are going down, particularly among gay men.
  - ⇨ Objective is to reduce incidence by 50% of the 2003 Baseline.
- (Slide 7) The CDC requires each jurisdiction to give Prevention with Positives (PwP) its highest priority.
  - ⇨ Ordinarily, the HPPC uses a model with eight Behavioral Risk Populations (BRPs).
  - ⇨ For inclusion in the IPR the number of BRPs was changed to nine so that PwP could be looked at separately, and as the number one priority.
- (Slide 8) SF Strategic Evaluation Plan goes beyond the CDC's Performance Indicators.
  - ⇨ Next year the Council may have a continuation of the Strategic Evaluation Committee.
- (Slide 10) Partner Counseling & Referral Services (PCRS) also known in SF as Partner Disclosure Assistance Program (PDAP).
  - ⇨ The CDC's model is for third-party PCRS.
  - ⇨ SF applied for and was granted funding to develop PDAP which takes a different approach including training testing and counseling providers on issues relating to serostatus disclosure.
- (Slide 12) Strategies and Interventions include how Diffusion of Effective Behavioral Interventions (DEBIs) apply in SF.
- (Slide 12) How to quantify the cost of units of service may be referred to a Committee for examination next year.

- (Slide 15) She and John Melichar will organize quarterly meetings of PWP service providers as a forum for them share ideas and network.
- (Slide 16) A Request for Qualifications (RFQ) for social marketing will be issued in the next few months.
- (Slide 20) MOU is Memorandum of Understanding.
- (Slide 21) Total is $9,335,652
- (Slide 23) This is not complete because some of the contracts are not finalized, including those from the Alternative Solicitation.

Tracey Packer explained that the task for this meeting was for members to determine if they agree with the Letter of Concurrence, to review the SF-DPH's application to ensure it accurately reflects the Plan, and to determine the extent to which the DPH included the Council members in the process. She also explained that the Council could issue:

- Letter of Concurrence - indicating that the application conforms with the Plan;
- Letter of Concurrence with Reservation - indicating that the application conforms with the Plan with enumerated exceptions; or
- Letter of Non-Concurrence - indicating that the application does not conform with the Plan.

Comments and Questions

- Steve Gibson noted that the San Francisco Leadership Initiative has taken the lead in ensuring effective prevention is being carried out, often beyond the CDC's guidance.
- He also questioned the five percent difference between goal and actual of Counseling and Testing Linkage (CTL), which is a significant dollar difference.
  - ⇨ Tracey Packer noted that this is a concern but that not all contracts have been included.
  - ⇨ She added that the HPS would provide an update when all contracts are accounted for.
- Michael Discepola asked if the HPPC will look at and report on interventions that are currently being done that are not DEBIs; particularly those that are proving effective.
  - ⇨ Tracey Packer observed that DEBIs are basically those interventions that have been published, and that many programs have found effective interventions but are not interested in, or focused on, publication.
  - ⇨ She noted that evaluation is an important issue; how does SF tell the story of the programs that it has been doing for years and have proven effective.
  - ⇨ Israel Nieves-Rivera added that the CDC is not requiring jurisdictions to prioritize DEBIs, nor could they without providing the funds necessary to train everyone.
  - ⇨ He noted that there is a recommendation to look at strategies, interventions, and evaluation ahead of any such possible requirement.
- Michael Discepola then asked how to measure the PWP work currently being done within the current BRP-based model.
  - ⇨ He added that this question has come up in the PWP Committee, and suggested it be referred to Steering for inclusion in a possible 2006 Evaluation Committee.
- Michael Discepola suggested looking at the work being done on cost evaluation at UCSF.
  - ⇨ Tracey Packer indicated that the professional staff would check on that.

The vote on approving the proposed letter of concurrence was by roll call with the following result.

Member		Vote
Angie	Beyer	Yes
Gayle	Burns	Yes
Edward	Byrom	Yes
Chadwick	Campbell	Yes
Aaron	Cohen	Absent
Michael	Cooley	Yes
Michael	Discepola	Yes
Thomas	Ganger	Yes
Catherine	Geanuracos	Yes
Steve	Gibson	Yes
Matt	Jennings	Yes
Janetta	Johnson	Yes
Tom	Kennedy	Yes

Member		Vote
Thomas	Knoble	Yes
Derrick	Mapp	Yes
Joani	Marinoff	Absent
John	Newmeyer	Yes
Israel	Nieves-Rivera	Yes
Ken	Pearce	Not Present
Perry	Rhodes III	Yes
Gail	Sanabria	Absent
Gwen	Smith	Yes
Frank	Strona	Absent
Steven	Tierney	Absent
Kenneth	Vail	Absent
Abbie	Zimmerman	Absent

The result of the poll was unanimous approval.

⇨ The announcement of the vote total was met with applause.

2006 Priorities: Discussion of HPPC Work in 2006

Gayle Burns asked members for ideas about topics to be explored next year (2006).

- Steve Gibson noted that the HPPC has had success among gay men and suggested exporting that success to other BRPs / populations.
- Perry Rhodes III stated that he would like to see Youth Committee continued.
- Israel Nieves-Rivera noted that the Steering Committee is considering five committees in 2006 with the following suggestion:
  (1) Membership/Community Liaison,
  (2) PWP,
  (3) Strategies and Interventions, and
  (4) Evaluation.

  He asked if that were the case, what should be the fifth?
- Thomas asked if there will be more members in 2006 and representatives of the Membership Committee indicated that there would be.
  ⇨ Israel Nieves-Rivera added that there were 22 applications received and that people are anxious to participate as regular Council members or Community members.
- Catherine Geanuracos suggested integrating structural intervention in a committee.
  ⇨ Tracey Packer suggested this could be in a Strategies and Interventions Committee.
  ⇨ She also noted that some currently funded interventions are structural.
- Tracey Packer suggested that the Strategies and Interventions Chapter of the Plan could use some updating.

- Thomas Knoble suggested that SF needs to share its successes with other jurisdictions, perhaps exportation of effective interventions as part of an Evaluation committee.
- Israel Nieves-Rivera noted that ideas for committees could be included on the evaluation form, or could be sent to the Co-Chairs or professional staff by email.

Gayle Burns reminded members to complete their evaluation forms. She also explained that the remainder of the meeting would be a joint session with the CARE Council.

JOINT MEETING: Introductions

Charles Siron introduced himself and asked members of both Councils to introduce themselves.

Roles, Mission & Vision of Councils Presentation

Israel Nieves-Rivera explained that there are a number of differences in process between the two Councils. He also noted that the HPPC deals only with SF while the CARE Council deals with SF, Marin, and San Mateo counties. He then provided an overview of the HPPC, and its objectives including the following.

- The HPPC has two community and one government Co-Chairs;
- The HPPC has the SF-DPH as its support and is fortunate to have an excellent relationship with the HIV Prevention Section (HPS) of the Health Department;
- The HPPC is centered on three goals of community planning as set forth by the CDC --
  - ⇨ To plan a broad range of support around interventions for HIV,
  - ⇨ Community participation, and
  - ⇨ Parity, Inclusion and Representation (PIR) to ensure every effected is part of the community is represented on the Council;
- The HPPC prioritizes populations that may be at risk for HIV as well as setting strategies and interventions that can be applied;
- The HPPC operates with a three year plan that is reviewed annually, with tiers of prioritized populations, not services; and
- In SF the HPPC also takes leadership role in which it supports the national agenda while recognizing that it is not the only agenda.

Charles Siron then provided an overview of the CARE Council including the following.

- The SF HPSC was founded in 1990 and has met regularly ever since.
- It is a Community Planning Board overseeing the prioritization of Title I and II of the Ryan White Act.
- Its mission is to create an ideal healthcare system for people living with HIV and AIDS (PLWH/A).
- Its two core principles are --
  - ⇨ It is client-centered, and
  - ⇨ Services must be planned, developed, and evaluated as part of a unified whole.
- The composition of the CARE Council membership has these requirements:
  - ⇨ Membership must represent the demographic of the epidemic in the entire Eligible Metropolitan Area (EMA) of SF, Marin, and San Mateo Counties;
  - ⇨ Membership must represent people involved in the fight against AIDS in that EMA;

- ⇨ At least 33% of the membership must be unaffiliated consumers of services, not working with agencies or service providers;
- ⇨ A majority of the membership must be PLWH/A; and
- ⇨ At least one of the Co-Chairs must be a PLWH.

- The CARE Council is comprised of 40 members including a wide spectrum of people from the community, agencies and providers, public/government organizations, agencies administrating programs under Titles I, II, III, or IV of the CARE Act, and other grantees of federal programs.

Questions and Comments
None were offered.

Reauthorization of the CARE Act
CARE Council Co-Chair, Randy Allgaier introduced CARE Council member, Laura Thomas. Together they distributed copies of and conducted the presentation entitled, "*Ryan White CARE Act 2005 Reauthorization Issues,*" copies of which are available to absent members upon request. Both presenters are members of the CARE Coalition. They offered comment in addition to the presentation including the following.

- The CARE Council will vote later, during their meeting, on issues raised in the presentation.
- (Slide 4) Analyses by both the Bush Administration and the Congress have shown the CARE Act to be highly effective.
- (Slide 5) SPNS is Special Projects of National Significance, and AETC is AIDS Education Training Centers.
- (Slide 6) Reauthorization is in five-year increments.
- (Slide 7) Senator Tom Colburn's agenda/perspective includes the view that people with AIDS have too many resources in SF.
- (Slide 8) President Bush has called for reauthorization, albeit with significant changes that could undermine its success.
- (Slide 9) The Title I EMA Statement was written in conjunction with all of California's EMAs in a rare show of solidarity and will be voted on later in the CARE Council meeting.
- (Slide 12) The meaning of "*Severity Of Need*" is unknown and may jeopardize states, like CA, with good Medicaid systems and cities that support HIV services, such as SF.
- (Slide 15) SF puts priority on housing due to statewide housing crisis.
- (Slide 16) People agree that HIV is a better measurement for funding than AIDS, however, some states, including CA, conduct confidential testing and would have to divert a good percentage of their resources to make a change to Names-Reporting.
- (Slide 18) Double Counting is a political term for the current processes, which really refers to people who live Title I EMAs and get benefit from Title II, such as ADAP.
- (Slide 19) Such a cut would have a huge impact on ADAP.
- (Slide 20) "*Hold Harmless*" is referred to as the Protection Provision in the legislation.
  - ⇨ It includes grandfathered EMAs who go in and out of Title I funding thus ensuring they are always entitled to some funding.
- (Slide 21) RWCA is the Ryan White CARE Act.

- (Slide 21) The possible reduction of $25 M in CA is in addition to the loss of $19 M due to alleged "*Double Counting.*"
- (Slide 24) The RWCA worked well, according to the GAO (General Accounting Office) and the OMB (Office of Management and Budget).
- (Slide 25) The intent of the RWCA includes local community planning, which has been successful and responsive to changes in the epidemic.
- (Slide 24) The recent funding level referred to as "*Flat*," have really be a decrease because the number of PLWH has increased.
- (Slide 25) SF and CA, which already have $12 M less Title I funding than they did 10 years ago, could lose even more resources.
- In conclusion, EMAs that provide good services from local resources should not be penalized by reductions in the Federal funding streams.
  - ⇨ It is also important that Community Planning Boards have some degree of control in how CARE services are to be applied, as they are most in touch with local issues.
- Attendees were encouraged to contact Senators Boxer and Feinstein and Congressional Representatives.

Questions and Comments

- In response to Angie Baker's question, Laura Thomas explained that once reauthorization is passed by Congress and signed by the President there is no appeals process.
- Israel Nieves-Rivera asked about the overall 'pulse' of reauthorization, noting that even EMAs that have been friendly in the past seem to want more of the money, particularly since SF gets 92% of the "*Hold Harmless*" money.
  - ⇨ Randy Allgaier observed that in the past there has been friction between LA and SF, but this year there has been a good deal of cooperation and he expects that there will be bipartisan support in the Californian Congressional delegation.
  - ⇨ Laura Thomas added that there are enormous demands on the federal budget, huge deficits, and there seems to be indifference to the concerns of the poor from this administration as well as the Republican majority in Congress.
  - ⇨ Nonetheless SF needs to get beyond battling with its friends.
- Ken Pearce asked which states would benefit from changes in alleged "*Double Dipping.*"
  - ⇨ Laura Thomas indicated that the states that have a rural or suburban epidemic, or where they don't have large urban areas, such as North Carolina.
- Mary Lawrence Hicks asked if there is any hope.
  - ⇨ Randy Allgaier said that he believes the delay provides an opportunity for CA EMAs to work together and choreograph their reaction / lobbying.
  - ⇨ Laura Thomas noted that both the Democrats and Republicans in the CA delegation need to be impressed with the importance of this issue -- HIV is not a partisan problem.
- Catherine Geanuracos asked about Gov. Schwarzenegger's involvement in Reauthorization.
  - ⇨ Laura Thomas indicated that he could do a lot, but hasn't been personally involved.
  - ⇨ She added that members of his administration and the State Office of AIDS are working very hard on Reauthorization.
  - ⇨ Randy Allgaier suggested people contact the Governor's office and ask him to get more personally involved.
- Catherine Geanuracos noted that there is a natural coalition between NY, CA, FL, and TX.

- Brad Hume asked what to do about the under resourcing in many Southern States.
  - ⇨ Laura Thomas pointed out that total local spending per person in Titles I, II, III, and IV, is a little below the middle and the southern states are under-resourced in total.
  - ⇨ She noted, however, that local access to healthcare is not level throughout the country, and southern states have a lower level of provision of care.
  - ⇨ She highlighted that no one wants any person to be on a waiting list for ADAP, although that is the current situation in several states.
  - ⇨ Randy Allgaier noted that some change in the allocation of "*Hold Harmless*" funds seems inevitable, but it needn't be radical.
- Brad Hume then asked if there are concrete suggestions on how to deal with the probability that there won't be more funding.
  - ⇨ Laura Thomas indicated that the concrete suggestions that are out there, would simply takes funds from some EMAs and apply it to other, more rural, EMAs.
- Israel Nieves-Rivera said that members of the HPPC are not convinced that Names-Reporting is the way to proceed, and asked for the CARE Council's views.
  - ⇨ Randy Allgaier noted that the CARE Council hasn't had a discussion on this topic, but that he feels members of that Council are likewise undecided.
  - ⇨ Laura Thomas pointed out that LA has agreed to Names-Reporting so as not to lose funding, although it is generally understood that this is not good public heath reasoning.
- Israel Nieves-Rivera suggested the HPPC Co-Chairs should propose at the next Council meeting that the Council officially supports the CARE Council's Reauthorization decision.
- John Newmeyer asked if there is a timeframe for more clarity regarding Reauthorization.
  - ⇨ Randy Allgaier indicated that it is difficult to put it in a timeframe due to other congressional priorities.
    - He added that he would ensure the HPPC is notified when the issue is called.
  - ⇨ Laura Thomas noted that there is also a lack of clarity in the Administration's guidance.

Attendees expressed their appreciation for the presentation with applause.

Public Comment
None was offered.

Prevention with Positives Presentation
Gayle Burns introduced Ed Byrom, Co-Chair of the joint PWP Committee, and Eileen Loughran, from the HPS. They distributed copies of their presentation entitled, "*Prevention with Positives in San Francisco*," copies of which are available to absent members upon request. Their additional comments included the following.

- (Slide 5) AHP in this context is the CDC's Advancing HIV Prevention initiative.
- (Slide 10) The obstacles listed are based on the Prevention for HIV Infected Persons Program (PHIPP) and that newly funded programs would collect other data.

The attendees expressed their appreciation for the presentation with applause.

Questions and Comments

- Michael Cooley asked if there is a list of Centers of Excellence (COE).
  - ⇨ Michelle Long noted that no list currently exists because the contracts are not finalized.

- Dorothy Kleffner observed that most of the PWP programs are focused on gay men, and asked what is focused on women and straight men.
  - ⇨ Tracey Packer explained that most programs are focused on gay men because that is where the majority of infections are found.
  - ⇨ She noted that one program is specifically focused on reaching women (UCSF WSC).
  - ⇨ She also highlighted UCSF's PHP at SF General, which is a structural intervention intended to train physicians to provide prevention services to all HIV (+) patients.
  - ⇨ It was also noted that Walden House and TARC address all populations.
  - ⇨ Tracey Packer also pointed out that not all contracts are certified as yet.
- Jeff Byers asked about older interventions, and early intervention, some of which are focused although not exclusively on PwP.
  - ⇨ Tracey Packer pointed out that early intervention isn't funded by Prevention, which was the focus of the presentation.
- Jeff Byers added that there are other funded PWP programs.
  - ⇨ Tracey Packer explained that the list in the presentation is of programs funded with HIV prevention money.
- Billie-Jean Kanios said that there aren't enough interventions being done in SF jails adding that she would love to see a Post-Release program that included transgendered persons.
  - ⇨ Tracey Packer pointed to the recent HOPE Study, which looked at people coming out of jail, and worked closely with Continuum.
  - ⇨ Mike Pendo added that the HOPE Study looked at transitional case management, was focused on HIV (+), and included provision of three months of housing.
  - ⇨ He also explained that the project is currently evaluating the six-month follow-up data, including recidivism, risk behavior, and access to services.
  - ⇨ Billie-Jean Kanios said there would always be recidivism due to the system's structure.
- Thomas Knoble noted that he works on the PWP Committee and that they are still working on how the Council members could best work together.

Public Comment

None was offered.

Next Steps

Gayle Burn introduced the topic and asked for comment and suggestions.

Comments and Suggestions

- Randy Allgaier proposed a collaborative workgroup made of members of both Councils to explore how the Councils can work better together.
  - ⇨ He also suggested that Co-chairs of the Councils should meet more often.
- Perry Rhodes III suggested a social event for both Councils as people tend to work better with people they know.
- Laura Thomas remarked that the epidemiology data shows that people in SF, especially people of color, are coming late into care, and that 40% are late-testers -- all of which is problematic. This could be the subject of a collaborative discussion.
  - ⇨ Israel Nieves-Rivera indicated that this issue would be referred to the HPPC Co-Chairs.
- Catherine Geanuracos observed that the cultures are different between the two Councils.
  - ⇨ She suggested that both Councils prioritize inclusion of the others' members.

- ⇨ She also noted that she believes that there are too many ad hoc committees in the CARE Council; and perhaps there should be a level of involvement that is less than the year commitment required on the HPPC.
- ⇨ She suggested recruiting members from the other Councils for committees.

- Steve Gibson suggested a short term working group comprised of members of both Councils to look at reactions to Names versus No-Names Reporting.
- William Blum suggested Harder & Company make a presentation on PWP findings from the Needs Assessment and what the Committees thinks should be on COE.
- Israel Nieves-Rivera suggested the Councils explore sharing a unique identification code so as to clearly connect the linkage of services provided to individuals.
  - ⇨ He observed that most referrals from prevention providers are to CARE providers and such a code would facilitate tracking and evaluation.
  - ⇨ He also raised the possibility of CARE providers accepting the code established by Prevention to ensure clients aren't double counted, while maintaining confidentiality.
- Billie-Jean Kanios suggested collaboration should continue as both Councils have the same goal, and it would most likely benefit all to do strategic planning together.
- Catherine Geanuracos suggested that the format of joint Council meetings probably wouldn't work all the time, but that she has heard presentations in both Councils that would be valuable to the other Council.
  - ⇨ She suggested that to facilitate better crossover both Councils could meet on the same day of the month and have quarterly joint meetings.
- Anita Booker indicated that she believes presenting late is systemic in the African-American community and other communities of color in SF.
  - ⇨ She added that there are a lot of issues that aren't being dealt with that require thinking out of the box from both Councils.
- Anita Booker also suggested that that there are so many meetings that perhaps additional joint committee meetings might have different attendance requirements.

Charles Siron thanked attendees for participating, and said that the Co-Chairs of both Councils will continue to work together.

Public Comment
None was offered.

Joint Council Meeting Adjourned
Gayle Burns reminded members to fill in their evaluation forms. She thanked all participants. The meeting adjourned at 6:00 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer and Gayle Burns.

Reminders: The next HPPC meeting will be held on Thursday, October 13, 2005 The San Francisco LGBT Community Center, 1800 Market Street, San Francisco.

HIV Prevention Planning Council

Thursday, October 13, 2005
3:00-6:00 pm

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The San Francisco LGBT Community Center
Ceremonial Room, 4th Floor
1800 Market Street (@ Octavia)
San Francisco, CA

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10/13/05

Agenda

Meeting called by Co-Chairs: Gayle Burns, Israel Nieves-Rivera, and Steven Tierney

3:00 pm	**Welcome, Introductions, and Announcements**	**Steven Tierney**
3:10 pm	**Review and Approval of Minutes of September 26, 2005** *(Vote)*	**Steven Tierney**
3:15 pm	**General Public Comment**	**All**
3:25 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** *(Possible Vote)*	**Steven Tierney**
3:45 pm	**Presentation from the Community Liaison/Membership Committee** *(Possible Vote)* *The committee will present to the HPPC the process for recruiting, interviewing, and appointing new members.*	**Membership/CLC Committee**
4:15 pm	***Short Break***	
4:25 pm	**Presentation from the Youth Committee** *(Vote)* *The committee will report on it goals and present its recommendations for getting youth involved in HPPC and addressing HIV prevention cofactors affecting diverse groups of young people.*	**Chadwick Campbell and Perry Rhodes, III, Chairs of the Youth Committee**
4:55 pm	***Short Break***	**All**
5:05 pm	**The Breakfast Buffet: Late Night Harm Reduction Services for Injection Drug Using MSM** *A report on the results of the study will be made by the study team.*	**Valerie Rose** **Arl Max Bachrach** **Jen Shockey** **Weihaur Lau**

5:45 pm	**Closure & Evaluation**	**All**
6:00 pm	**Meeting Adjourned**	**All**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Membership/CLC: Tuesday, October 11, 3:00 – 5:00 PM, 25 Van Ness Ave, 5th Fl Conf Rm
Youth: Wednesday, October 19 , 3:00-4:30 PM, 25 Van Ness Ave, 330A
Prevention with Positives: Tuesday, October 25, 4:30-6:00 PM, 25 Van Ness Ave, 330A
Steering: Thursday, October 27, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Substance Use & HIV Risk: Thursday, November 3, 4:00-5:30 PM, 25 Van Ness Ave, 330A
Full Council: November 10, 2005, 3:00-6:00 PM, Location TBD

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2005 Parking Lot

1. Post Exposure Prophylaxis (PEP)
2. Diversified/Non-Governmental Funding
3. Issues of Risk Behavior Research with African American Men
4. Native American Health Center Presentation and Report on RAP by Native American AIDS Project
5. Safer Injection Rooms and Syringe Exchange and Disposal Machines
6. Condoms and San Francisco Jails
7. The AIDS Quilt/Making the AIDS Quilt More Accessible in SF
8. Sex Work and Youth
9. Front Line Staff And Self Care
10. What Interventions are Working for HIV Prevention Agencies in SF

HIV Prevention Planning Council

Thursday, November 10, 2005
3:00-6:00 pm

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First Unitarian Universalist Church
1187 Franklin Street (@ Geary)
Martin Luther King Room
San Francisco, CA

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10/05

Agenda

Meeting called by Co-Chairs: Gayle Burns, Israel Nieves-Rivera, and Steven Tierney

3:00 pm	**Welcome, Introductions, and Announcements**	**Israel Nieves-Rivera**
3:10 pm	**Review and Approval of Minutes of October 13, 2005** *(Vote)*	**Israel Nieves-Rivera**
3:15 pm	**General Public Comment**	**Israel Nieves-Rivera**
3:25 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Report** *(Possible Vote)*	**Israel Nieves-Rivera**
3:45 pm	**Election of the Community Co-Chair for the Term of January 2006-December 2007** *(vote)*	**Israel Nieves-Rivera**
3:55 pm	**Presentation from the Prevention with Positives Committee** *(Vote)* *The Prevention with Positives Committee will request approval of its recommendations.*	**Edward Byrom, Matt Jennings, Michael Underhill Prevention with Positives Committee**
4:20 pm	**Presentation from the Substance Use Committee** *The Substance Use Committee will request approval of its recommendations.* *(Vote)*	**Tom Kennedy & John Newmeyer, Substance Use Committee**
4:45 pm	***Break***	**All**

5:00 pm	**2006 Plans for HPPC: Presentation and Discussion**	**Israel Nieves-Rivera/HPPC Members**
5:15 pm	**Native American Rapid Assessment: Results of the rapid assessment process conducted by the Native American AIDS Project**	**Joan Benoit, Executive Director of the Native American AIDS Project**
5:45 pm	**Closure & Evaluation**	**All**
6:00 pm	**Meeting Adjourned**	**All**

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UPCOMING HPPC MEETINGS:
Youth: Wednesday, November 16, 3:00-4:30 PM, 25 Van Ness Ave, 330A
Steering: Thursday, November 17, 4:00-5:30 PM, 25 Van Ness Ave, 330A
Prevention with Positives: Tuesday, November 22, 4:30-6:00 PM, 25 Van Ness Ave, 330A
Substance Use & HIV Risk: Thursday, December 1, 4:00-5:30 PM, 25 Van Ness Ave, 330A
Full Council: January 12, 2005, 3:00-6:00 PM, Location TBD
Membership/CLC: November meeting is cancelled.

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8. Sex Work and Youth
9. Front Line Staff And Self Care
10. What Interventions are Working for HIV Prevention Agencies in SF

HIV Prevention Planning Council Meeting
Thursday, January 12, 2006
3:00-6:00 pm

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Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103
San Francisco, CA

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12/06

Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III, and Tracey Packer

3:00 pm	**Welcome, Introductions, and Announcements**	**Tracey Packer**
3:20 pm	**Review and Approval of Minutes of November 10, 2005** *(VOTE)*	**Tracey Packer**
3:25 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Tracey Packer**
3:35 pm	**Member Response to Public Comment**	**All**
3:40 pm	**HPPC Co-Chairs/Steering Committee Report** To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. - HPPC Scope of Work (VOTE) - Elect community UCHAPS Representative(s) for San Francisco to represent HPPC with Gayle Burns and Gwen Smith (alternate) (VOTE) - Attendance Policy Review	**Tracey Packer**
3:55pm	**Presentation on Names Reporting** To inform members of Names Reporting issues around the nation, and discussion of next steps for San Francisco	**Israel Nieves-Rivera** **Maree Kay Parisi** **Dana Van Gorder**
4:40 pm	***Break***	
4:50 pm	**Rapid HIV Testing Update** To inform HPPC on specific data on Rapid testing and discordant testing results, and plans to address testing issues.	**Teri Dowling (HPS)** **Shelley Facente (HPS)** **Barb Adler (AIDS Health Project**
5:30 pm	**Committee Work 2006:** Members will meet in committees and 1) select an interim co-chair(s), 2) set meeting times. The four committees will be Membership/Community Liaison, San Francisco Leadership Initiative (SFLI), Making Connections, and Promoting Strong Prevention.	**All**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Tracey Packer**

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UPCOMING HPPC MEETINGS:

Steering: Thursday, January 26, 3:00-5:00 PM, 25 Van Ness Ave, 330A

Full Council: Thursday, February 9, 3:00 – 6:00 PM, Quaker Meeting House, 65 9th Street, SF

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HIV PREVENTION PLANNING COUNCIL

Minutes

January 12, 2006

The next HPPC meeting will be held on **Thursday, February 9, 2006**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth Street, SF

Members Present:
Angie Baker
William Bland
Gayle Burns
Edward Byrom
Chadwick Campbell
Michael Discepola, Emeritus
Isela Gonzalez
Dee Hampton
Matt Jennings
Emalie Huriaux
Janetta Johnson
Billie Jean Kanios
Tom Kennedy
Thomas Knoble
Weihaur Lau
Derrick Mapp
Joani Marinoff, Emeritus
Tei Okamoto
Tracey Packer
Colin Partridge
Ken Pearce
Perry Rhodes III
Gail Sanabria
Joaquin Sanchez
Chandra Sivakumar
Gwen Smith
Michael Underhill
Abbie Zimmerman

Members Absent:
Devin Anderson
Michael Cooley*
Thomas Ganger
Amber Gray
John Newmeyer*
Lawrence Ozoa*
Frank Strona*
Raquel Tolston*
Ken Vail, Emeritus

HIV Prevention Section:
Teri Dowling
Shelley Facente
Vincent Fuqua
Guillermo Gonzalez
Ju Lei Kelly
Betty Chan Lew
Eileen Loughran
Israel Nieves-Rivera
Lisa Reyes

Process Evaluation Team:
Kathleen Roe

Guests:
Barbara Adler, AHP
Michell Bakken, TARC
Mathew Bajko, Bay Area Reporter
Ariel Clemenzi Allen, HIFY
Brooke Hall, Larkin St Youth Services
John High, SFAF
Carolyn Hunt, CAPS
Lea Klevin, SFDPH
Deborah Levine, ISIS
Kurt H. Berry
Jeff Klausner, SFDPH - STD Prevention & Control
Maree Kay Parisi, SFDPH - HIV/AIDS Statistics & Epidemiology
Jen Sarché, SFDPH - Research Section
Dana Van Gorder, SFAF
Tré Vasquez, HIFY
Nicole Witt, TARC
Kristen Wallersteadt from Assembly Member Yee's Office
Anna Damiani from Assembly Member Leno's Office

Harder + Co.:
Aimee Crisostomo
Clare Nolan
David Weinman (Minute-taker)

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* These members informed the Chair in advance of their absences.

Welcome, Introductions, and Announcements

DPH Co-Chair Tracey Packer called the meeting to order at 03:03 PM. She welcomed attendees, drawing particular attention to the new Council members and noting this is their first meeting as official members. She noted that this was the first meeting held at the Quaker Meeting House, which may be used for the remainder of the year, and asked members include their observations of

the space on their evaluation forms. She also explained that the Co-Chairs rotate their responsibilities at Council meetings. She then asked attendees to introduce themselves and make announcements.

- Emalie Huriaux announced the presentation of the play "The Spot" as a benefit for The Dope Project on 01/21/06, and she distributed flyers for the event.
- Clare Nolan announced that on 01/07/06 Kym Dorman, Harder & Co consultant to the HPPC, delivered a baby daughter.
- Tracey Packer announced that she had been notified that Aaron Cohen resigned his membership with the HPPC as it conflicts with his new job responsibilities with the SFDPH STD Prevention & Control.

Tracey Packer then explained the Council's relatively new Emeritus membership status, which has the same rights and responsibilities as regular members save for those associated with voting.

Annual Epidemeology Data

Tracey Packer explained that at the first meeting of each year Willi McFarland, MD, PhD usually reports on the most recent epidemiology data. This year, however, he is updating the consensus report through consultations with a number of people working on HIV/AIDS. The consensus report is used to prioritize populations for HIV prevention. Willi McFarland will present consensus estimates to the HPPC for its response and finalize the numbers after this meeting.

- Ken Pearce suggested notifying members of the CARE Council of the HPPC meeting when Willi McFarland makes his report.

Review and Approval of Minutes of November 10, 2005

Motion was made and seconded to accept the minutes of the 11/10/05 Council meeting. Tracey Packer confirmed that all members received a copy of the minutes. There were no objections raised, or amendments offered. The minutes were approved with Michael Underhill, Emalie Huriaux, and Chadwick Campbell abstaining.

General Public Comment

Tracey Packer invited guests to make comment. Jeff Klausner of the SFDPH STD Prevention & Control Division was introduced. He distributed copies of an article from the SF Chronicle entitled, "*Dreaded call becomes words to live by …,*" dated 01/09/06. Copies of this document are available to absent members upon request. His comments included the following.

- He is the director of STD Prevention & Control services in SF.
- The STD Division works closely with the Prevention Section as well as with CARE services.
- There is significant evidence that when HIV (+) people are infected with a STD the Viral Load (VL) in their semen increases and they are more likely to transmit HIV.
  ⇨ An HIV (-) person with a STD is likewise more likely to get infected.
- What was called 'Partner Notification, or Partner Counseling and Referral Services' (PCRS), is now referred to as the 'Disclosure Assistance and Partner Notification Program'.
- During 2006 the STD Prevention & Control Section plans to build strong partnerships to ensure that people recently exposed to HIV are aware of their exposure.

- The STD Prevention & Control Section have taken over the duty of ensuring people tested at General Hospital get their test results, notify their partner(s), and get into care.
- HIV RNA screening has been found to be the most effective assessment of sero-status.
  - ⇨ During the highly infectious first few weeks after sero-conversion people often do not test positive with the antibody testing.
  - ⇨ Some experts estimate that up to 43% of transmissions take place during the highly infectious first month after sero-conversion.
  - ⇨ RNA screening should be used in conjunction with other, quicker, and more popular methods such as Rapid Testing.
- He hopes to contribute his medical advice and expertise to the HPPC.

Member Response to Public Comment

- Ken Pearce asked for an explanation of why people might be more infectious during the first month after sero-conversion.
  - ⇨ Jeff Klausner explained that during the first few weeks after sero-conversion people often go from a VL of 0 (zero) to 500K to 1,000K per ml.
    - A VL of 500K to 1,000K in semen or other fluids means people are 10 to 50 fold more likely to transmit than when with a VL of 5K to 100K, which is the common range among people who have been HIV (+) for more than a month or so.
- Ken Pearce then asked if the same logic applies for long-term survivors who have low, or undetectable VL; are they unlikely to transmit the infection?
  - ⇨ Jeff Klausner explained that it may not be so clear-cut, that there are often other factors that play a large role in transmission, including substance use and health status.
- Tom Kennedy noted that it used to be difficult to get a VL (RNA) test for someone that has not tested HIV (+).
  - ⇨ Jeff Klausner indicated that the FDA has not yet approved the RNA assay test for diagnostic purposes. It is available as a medical assessment and there is clearly a need to educate medical professions about its availability.
- Isela Gonzalez asked how the notification process described in the article works.
  - ⇨ Jeff Klausner explained that they always try to do the notification on a face-to-face basis, including with partners.
  - ⇨ He added that they try to do field-based assay tests, that there are some trials underway for RNA field testing, but that most partners get tested at a clinic.
- Tracey Packer noted that April is STD Awareness month and that Council member Frank Strona will make a presentation to the HPPC at the 04/13/06 meeting.
  - ⇨ She proposed Jeff Klausner join Frank Strona in making that presentation.
- Responding to Michael Underhill's question, Jeff Klausner explained that the field trails of RNA testing in LA, Seattle and North Carolina, were all funded locally.
  - ⇨ He noted that using the RNA test in SF City Clinic found about one newly infected [RNA (+) / Antibody (-)] person per month.
    - He added that this will increase as RNA testing is available at more venues.
- Michael Underhill then asked where funding would come from on an on-going basis.
  - ⇨ Jeff Klausner suggested looking at this as an HIV prevention intervention.
  - ⇨ Tracey Packer added that this is also something the State is looking at funding.

HIV PREVENTION PLANNING COUNCIL
Minutes
January 12, 2006

HPPC Co-Chairs/Steering Committee Report

Tracey Packer drew members' attention to the three items highlighted on the meeting agenda:

- Election of community UCHAPS Representative(s);
- Review of the Attendance Policy; and
- HPPC Scope of Work.

She pointed out that the HPPC Co-Chairs have recently met with the CARE Council Co-Chairs to discuss where the Councils' work overlaps. The Prevention with Positives (PwP) presentation heard by the HPPC will be given to the CARE Council during their 01/23/06 meeting. It was also agreed that the Co-Chairs will meet quarterly, and each Council will have quarterly updates on their meeting agendas. Similar quarterly updates will be on the HPPC agendas from the SFDPH STD Prevention & Control Section, and from the State Office of HIV Prevention.

Election of Urban Coalition of HIV/AIDS Prevention Services (UCHAPS) Member

Tracey Packer explained that each of the seven CDC directly funded urban jurisdictions have four representatives on the UCHAPS board.

⇨ SF's representation has been comprised of two community members, and two from the AIDS/HPS (HIV Prevention Services) professional staff.
- Gayle Burns, Israel Nieves-Rivera were the community representatives in 2005.

⇨ Traditionally both Community Co-Chairs are the SF HPPC's representatives.
- As Israel Nieves-Rivera is no longer a Community Co-Chair, and Perry Rhodes III was elected as community co-chair, he and Gayle Burns are nominated as community representatives to UCHAPS.

As the motion comes from the Co-Chairs committee, it was considered moved and seconded. No discussion was offered. The vote was by roll-call with the following result:

MEMBER	VOTE
Devin Anderson	Not present
Angie Baker	Yes
William Bland	Yes
Gayle Burns	Yes
Edward Byrom	Yes
Chadwick Campbell	Yes
Michael Cooley	Not present
Thomas Ganger	Not present
Isela Gonzalez	Yes
Amber Gray	Not present
Dee Hampton	Yes
Emalie Huriaux	Yes
Matt Jennings	Yes
Janetta Johnson	Yes
Billie Jean Kanios	Yes
Tom Kennedy	Yes

MEMBER	VOTE
Thomas Knoble	Yes
Weihaur Lau	Yes
Derrick Mapp	Yes
John Newmeyer	Not present
Tie Okamoto	Yes
Lawrence Ozoa	Not present
Tracey Packer	Yes
Colin Partridge	Yes
Ken Pearce	Yes
Perry Rhodes III	Yes
Gail Sanabria	Yes
Joaquin Sanchez	Yes
Chandra Sivakumar	Yes
Gwen Smith	Yes
Frank Strona	Not present
Raquel Tolston	Not present
Michael Underhill	Yes
Abbie Zimmerman	Yes

The vote accepting the motion to appoint Perry Rhodes III and Gayle Burns as SF HPPC's representatives to UCHAPS was unanimous. This result was met with applause.

UCHAPS Letter Regarding Reauthorization

UCHAPS has proposed sending a letter to Congress requesting quick movement on the reauthorization of the Ryan White Act (The CARE Act), and has asked the SF HPPC for its support of this letter.

Motion was made and seconded to lend SF HPPC's support to UCHAPS sending a letter to the US Congress requesting quick reauthorization of the CARE Act. There was no discussion offered. The motion was approved without decent or abstention.

- In response to Derrick Mapp's question, Israel Nieves-Rivera explained that the Ryan White Act was due to be reauthorized last year and UCHAPS' request to Congress is to reauthorize any version of the Act as soon as is practical.
  - ⇨ Israel Nieves-Rivera added that since UCHAPS represents jurisdictions representing all part of the country, it isn't appropriate for that body to request specific funding.

Attendance Policy

Tracey Packer distributed the document entitled, "*Attendance, Member Dismissal, and Resignation Due to Absenteeism*," copies of which are available to absent members upon request. She explained that the Council adopted the policy and it went into effect in April ___ 2005. Although there has been some concerns regarding the policy, the Steering Committee decided to give it at least a full year before contemplating amendments. She highlighted the importance of everyone reading and understanding the Attendance Policy, and provided a brief outline of its provisions, including the following:

- ⇨ Members may have a total of four absences from Council and Committee meetings;
- ⇨ There are no "*excused*" absences;
- ⇨ The HPS professional staff will periodically apprise members and Co-Chairs of members' attendance record, ensuring all are aware when a member's absences approaches four.

- In response to Janetta Johnson's question, Tracey explained that the policy applies to Co-Chairs' meetings as well.
- Abbie Zimmerman suggested that absences due HPPC/HIV related activities be excused.
- Ken Pearce observed that the CARE Council has the same issues with attendance, but since both Councils attempt to recruit participation from the HIV (+) and People Living With AIDS (PLWA) communities he suggests there be exceptions made for medical needs.
- Michael Discepola also suggested that there be exceptions for HIV Positive / PLWA

Tracey Packer noted that the Membership/Community Liaison Committee would be addressing changes to the policy, and suggested changes be address to that Committee.

Scope of Work

- Tracey Packer explained that ordinarily discussion of the Scope of Work is held during the Council's December meeting. However, in 2005 the December meeting was comprised of team-building training. She distributed copies of the presentation entitled, "*HPPC Scope of Work 2006*," copies of which had previously been sent to all Council members.

Questions and Comments followed.

- In response to Joani Marinoff's question, Tracey Packer explained that the Strategies and Interventions chapter might be updated by the end of the year, perhaps by addendum.
- Joani Marinoff then the asked about linkages between Promoting Strong Prevention and the San Francisco Leadership Initiative Committees.
  - ⇨ Tracey Packer explained that one of the strongest links between these committees is that both would address evidence-based interventions.
  - ⇨ She also noted that Israel-Nieves Rivera would be on both committees ensuring a sharing of ideas and that there isn't a duplication of work.
- Thomas Knoble suggested that in the Making Connections Committee emphasis be placed on Prevention and CARE working together, and that it could work with the SF Leadership Initiative Committee to forge that working relationship.
- Joani Marinoff noted that the Substance Use & HIV Risk Committee in 2005 recommended the continuation of its work in 2006, and asked how that would be handled.
  - ⇨ Tracey Packer explained that all of the 2005 committees recommended continuation in 2006.
- In response to Joani Marinoff's question, Tracey Packer explained that structural interventions discussed by the Council in 2005 is part of the scope of work for the Promoting Strong Prevention Committee in 2006, and the Steering Committee will make sure those issues are addressed.
- Emalie Huriaux asked what will happen with the Substance Use & HIV Risk Committee's work in 2006.
  - ⇨ Tracey Packer explained that all the recommendations from the last and previous years would be followed up on by HPS staff, with Lisa Reyes assigned to traffic and report to Council on these ideas / suggestions.
- Angie Baker noted that the work done by the 2005 Youth Committee would continue this year, including its work with the SF School District.
  - ⇨ Tracey Packer added that Kevin Gogin, of the SF School District is schedule to address the Council in February.

Motion was made and seconded to approve the Scope of Work for 2006. There was no further discussion. No objections were raised. The motion was approved unanimously without abstention. The passage of this motion was met with applause.

<u>Presentation on Names Reporting</u>

Copies of the presentation entitled, "*Presentation on HIV Names Reporting,*" had been distributed to members prior to the meeting. Israel Nieves-Rivera, of HPS, Maree Kay Parisi of SFDPH - HIV/AIDS Statistics, Epidemiology, and Intervention Research Section, and Dana Van Gorder, of San Francisco AIDS Foundation (SFAF) were introduced. In addition to information in the printed material Dana Van Gorder made the following comments:

- The present administration's view is clear - "*No Names-Reporting, no money,*" and this is what is driving the conversation - not surveillance considerations.
  - ⇨ If California doesn't make the move to Names-Reporting it could lose $50 million in funding to the state, and additional funding to directly funded jurisdictions.

- A difficulty with code-based reporting is in catching duplicates, particularly among different between counties and states.
- SFAF has not been able to get the CDC to work with them on code-based reporting, and the CDC has insisted on Names-Reporting.
- Presently a great deal of money is spent on checking for duplicates with the code-based reporting that could be better spent funding services.
- Once all jurisdictions are based on Names-Reporting, estimates are that California, SF, and LA could realize an increase in funding of $30 million.
- AIDS Names-Reporting has been in place nationwide since 1983.
- The proposed legislation includes the provision that names be captured at local testing sites, reported to the State, but converted to a code when sent to the CDC.
- Because Senate Bill 945 (SB 945) did not pass in 2005, it has changed name to SB 699. It will probably be voted on this month and then referred to the Assembly.
- Not all states use the same formula to create codes, making checking duplicates between states difficult/impossible.

UPDATE: On Thursday, January 19, 2006, The California State Senate unanimously approved SB 699. The bill will now move to the State Assembly for a vote.

Questions and Comments

- Weihaur Lau asked about the effect of Names-Reporting on immigrants.
  - ⇨ Dana Van Gorder said that the evidence indicates that immigrants are no more reluctant to be tested, although this needs to be investigated more thoroughly.
  - ⇨ He added that when California began code-based testing fears were expressed that the use of the last four digits of Social Security numbers would deter undocumented workers, and others, from getting tested. But that has not been the case.
- Colin Partridge expressed his confidence in local and state confidentiality, but asked about confidentiality at the federal level.
  - ⇨ Maree Kay Parisi explained that the CDC has a certificate of confidentiality and it is not allowed to release surveillance data.
  - ⇨ She added that the CDC does not have peoples' names, only a Soundex code, that it would require legislation to change this, and such would be met with stiff resistance.
- Colin Partridge followed up by asking if there is a mechanism to ensure that actual names can not be gleaned from code data conveyed to the CDC.
  - ⇨ Israel Nieves-Rivera noted that there is no evidence of a similar reversal of code to names in the AIDS information that has been reported for more than 20 years.
- Dee Hampton noted that currently people being tested are not asked for identification, and asked would that change.
  - ⇨ Maree Kay Parisi explained that identification would not be required.
  - ⇨ Dee Hampton observed that this doesn't do away with the possibility with duplicates.
  - ⇨ Dana Van Gorder noted that when one is tested by a private doctor one's name is always provided to the lab conducting the test.
  - ⇨ He added that with Names-Reporting one could be tested using a false identification, but when people enter care and have tests such as VL, names are always reported.

- Tracey Packer noted that representatives from State Assembly Members Yee and Leno's offices were in attendance at this meeting, at the HPPC's invitation and that members should be sure to express their concerns to them.
- Derrick Mapp asked if one could be identified from Soundex data.
  - ⇨ Maree Kay Parisi said that, it would be very difficult because soundex uses the first letter of last name, for example, the code can be undone to indicate the last names starts with "s" but not what the name is.
  - ⇨ Guillermo Gonzalez observed that most of the people collecting the data do not understand how the data is used to create the actual Soundex.
- Joani Marinoff asked if moving from the ELI (Evaluating Local Interventions) system to PEMS (Program Evaluation and Measurement System) is related to Names-Reporting.
  - ⇨ Tracey Packer said that they are not related. Neither system uses names.
- In response to Ed Byrom's question, Dana Von Gorder indicated that the Governor is expected to sign the bill.
- Ed Byrom added that his issue is with the way this change has been railroaded. He suggested that the HPPC write a letter supporting SB 699 (SB 945), and another letter to the CDC reminding them that SF is capable of conducting public health as well as asking them to keep politics out of public healthcare.
  - ⇨ Angie Baker suggested that the communication to CDC include that SF can't be bullied.
- Tracey Packer suggested getting information to providers regarding Names-Reporting.
  - ⇨ Maree Kay Parisi pointed out a brochure being used in Washington State about safeguarding confidentiality, and suggested SF City publish something similar.
- Isela Gonzalez asked about getting information out to people thinking about getting tested.
  - ⇨ Tracey Packer suggested that creating some written communication, similar to what was produced in Washington State, be included in the minutes as something to follow-up on.
- Billie Jean Kanios suggested that some people will not partake in traceable tests, and that the HPPC needs to be mindful of this population and find a means of reaching these people.
  - ⇨ Ken Pearce suggested providers give full disclosure to people getting tested.
    - He added that while this may not be a change, people need to be fully prepared; and that there is a good deal of anxiety among marginalized and undocumented people.
  - ⇨ Maree Kay Parisi suggested creating fact sheets for people being tested, providers, and for the labs; adding that all parties involved need to work together on this.
  - ⇨ Dana Van Gorder added that providers need to feel secure that the data is being handled confidentially.
- Maree Kay Parisi noted that Names-Reporting is also a good way to survey HIV (+) and the factors that contribute, and deter, progression to AIDS.
- Israel Nieves-Rivera noted that the HPS will continue to work with the HPPC and others to ensure that everyone is on the same page about Names-Reporting.
  - ⇨ He added that the HPS is preparing a Press Kit so that the messages provided to the community are clear and correct.
  - ⇨ He asked that when Council members hear misinformation that they bring it to the attention of the Council, so that it can be addressed quickly.
  - ⇨ Tracey reminded the Council that anonymous testing will continue to be available, where names are never required.

The attendees expressed their appreciation for the presentation with applause.

Rapid HIV Testing Update

Tracey Packer reminded members that they could make suggestions about the topics discussed, or recommend other topics by put way of their Evaluation Forms, or email the HPS professional staff.

Tracey Packer introduced Teri Dowling and Shelley Facente both of the HPS, as well as former Council member Barb Adler of AIDS Health Project (AHP). Copies of the presentation entitled, "*Update on HIV Rapid Testing in San Francisco,*" had been distributed to all members prior to the meeting. The presenters' additional comments included the following.

- Discordant test results refer to when the Rapid Test shows a 'Preliminary Positive' and the follow-up confirmatory test is HIV negative or indeterminate.
- The HPS has been able to follow-up immediately and maintain accurate data on all discordant test results.
- When a discordant test result was detected the remainder of the confirmatory blood was sent to the CDC for further testing.
- Prior to May 2005 most discordant test results were a result of the person being in the process of sero-converting.
- In San Francisco there have been more discordant tests when using oral fluid specimens then the whole blood/finger-stick which is expected according to the manufacturers guidelines. This is true for some agencies but not all.
- Initially Orasure Technologies, the manufacturer of the oral fluid test, didn't believe the faint line result until they saw it themselves.
- All tests have some percentage of false preliminary positive results, and the manufacturers and the FDA quantify this.
  - ⇨ The oral fluid test, however, showed clusters of higher percentage of false positives then the manufacturer's and the FDA's guidelines.
  - ⇨ While false positive results seem to occur in clusters, their occurances are nonetheless unpredictable and, as yet, unexplained.
- Discordance with conventional tests is usually invisible to the client and the agency staff; whereas with oral fluid testing the client is aware of the preliminary positive result for a week, before they get the results of the confirmatory test.
- When there is discordance in the preliminary and confirmatory test results counselors were limited in what they could say to clients and had to abide by language approved by the FDA.
- The new protocol going into effect this month is bit more complex, but if a client receives a reactive oral rapid HIV test, the client will receive more information sooner about their HIV status.

The attendees expressed their appreciation for the presentation with applause.

Questions and Comments

- In response to a question from Kurt Berry, Shelley Facente explained that rather than a specific date when false positive results showed up, it was over a period of months.
- Janetta Johnson asked if there were similarities among discordant people; i.e. Hepatitis C co-infection, IDU, or other factors.
  - ⇨ Shelley Facente said they have looked, but haven't found any pattern.

- Janetta Johnson then asked about the agencies that will need to do fingersticks but that do not have qualified phlebotemists on staff.
  - ⇨ Teri Dowling explained that they would evaluate what is needed, including training.
- Tom Kennedy said that the 99% accuracy of Rapid Tests is not good enough.
  - ⇨ He added that some people would "*flip out*" over a preliminary positive.
- He also noted that blood test results can be obtained more quickly, for a price.
  - He added that if false positives are rare perhaps funding should be found to get quicker test results for people with preliminary positive rapid test results.
  - ⇨ Teri Dowling noted that the rapid test is more accurate than early ELISA tests, and that all tests have a percent of false positives.
  - ⇨ Barb Adler noted that all tests have to have confirmation, and there is a balance between tests' sensitivity, ease of use, and catching as many positives as possible.
  - ⇨ Shelley Facente added that most people would rather have a rapid test, but every test still has to be confirmed.
  - ⇨ Barb Adler noted that it is private labs that have a shorter turnaround time.
  - ⇨ Teri Dowling observed that not all test protocols, and venues, are appropriate for all people, but that having choices will tend to serve the most people.
- Thomas Knoble noted that there can be real psychological harm done by a false preliminary positive, and asked about communicating with partners after such a result.
  - ⇨ It was noted that the new protocol should give counselors much more information.
- In response to Michael Underhill's question, it was explained that SF is still experiencing a 99% accuracy rate, even with the numerous false preliminary positive test results.
- Michael Discepola observed that there is rapid testing technology being used in Europe that isn't available here as yet and asked if the Council should send a letter urging the FDA/CDC to move quickly on approving these tests for use in the US.
  - ⇨ Shelly Facente explained that the CDC is working on an algorithm using multiple Rapid Testing technologies as used elsewhere; however, there are also laws requiring confirmatory blood tests.
  - ⇨ Michael Discepola suggested the Steering Committee work on this issue and follow-up with the CDC, as well as take it to UCHAPS.
- Ken Pearce asked if the HPPC could recommend sending confirmatory tests to private labs for a quick turnaround after a preliminary positive rapid test result.
  - ⇨ Teri Dowling noted that the DPH provides confirmatory tests in a week.
  - ⇨ It was noted that Unilab can turnaround a confirmatory test in a day, for $100.
  - ⇨ Ken Pearce then asked if not arranging a one-day confirmation leaves the testing agency open to legal claims of liability for inflicting distress/anxiety on the client.
- Angie Baker asked if the reason the RNA test isn't done first is a cost the issue.
  - ⇨ It was explained that cost is only part of the reason, there is also the complexity of performing RNA tests.
- Angie Baker then asked if there are places that have stopped using the oral rapid test.
  - ⇨ It was explained that Utah has stopped using that test.
- Emalie Huriaux asked if there is movement to allow counselors to do fingersticks.
  - ⇨ Teri Dowling said it has been brought up, but since the restriction comes from the State it is unlikely to change in the near future, but that the SFDPH will continue to pursue this.

- Isela Gonzalez asked who is going to put out information on the new algorithm and what clients should know.
  - ⇨ Tracey Packer said that this would be worked on by HPS and suggested the topic be referred as an action item to Steering.

Committee Work 2006

Tracey Packer explained that due to time restraints the Council meeting would be adjourned but members whould meet in committees to decide:

- ⇨ Interim Committee Co-Chairs; and
- ⇨ The date and time of the first Committee meeting.

Committees agreed to meet at the following dates and times

- San Francisco Leadership Initiative - Thursday 02/02/06, from 2:45 to 4:15PM
- Points of Integration Between Prevention and CARE - Thursday 02/02/06, from 4:15 to 5:45 PM
- Strategies & Interventions - Thursday 02/02/06, from 4:00 to 5:30 PM
- Membership/Community Liaison – Monday 01/30/06, from 3:00 to 5:00 PM

Summary, Evaluation, and Closure of Meeting

The meeting adjourned at 5:27 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Tracey Packer and Lisa Reyes.

Reminders: The next HPPC meeting will be held on Thursday, February 9, 2006
Location: Quaker Meeting House, 65 9th Street, SF

HIV Prevention Planning Council Meeting
Thursday, February 9, 2006
3:00-6:00 pm

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Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III, and Tracey Packer

3:00 pm	**Welcome, Introductions, and Announcements**	**Perry Rhodes III**
3:20 pm	**Review and Approval of Minutes of January 12, 2006** *(VOTE)*	**Perry Rhodes III**
3:25 pm	**General Public Comment** Objective: To hear the comments of members of communities on matters relevant to Council business.	**Perry Rhodes III**
3:35 pm	**Member Response to Public Comment**	**All**
3:40 pm	**HPPC Co-Chairs/Steering Committee Report** To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. - Steering at large election. The HPPC will elect two members as representatives for the Steering Committee of the HPPC (VOTE) - Co-Chair will hold a drawing for HPPC members to attend the HPLS in Dallas, Texas June 4-7, 2006 (VOTE)	**Perry Rhodes III**
3:55 pm	**New Business** HPPC members suggest topics/ideas/issues for the HPPC to explore in 2006. (possible vote)	**All**
4:05 pm	**Presentation by San Francisco Unified School District on In-School Youth** To inform the HPPC of Sexual Health related issues affecting San Francisco High School students	**Kevin Gogin, SFUSD**
4:30 pm	***Break***	**All**
4:40 pm	**Presentation on Prevention Needs of Out of School Youth, Ages 12-24** Overview of Protect to Connect project. Presenters will also share data on out of school youth in San Francisco	**Catherine G. Project Connect to Protect**
5:20 pm	**Youth IDU**	
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Perry Rhodes III**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Membership/CLC: Monday, February 13, 3:00-4:30 PM, 25 Van Ness Ave, 5th Fl Conf Rm
San Francisco Leadership Initiative (SFLI): Thurs, March 23, 1:00-2:30 PM, 25 Van Ness Ave
Points of Integration Btw Prev & CARE: Tuesday, March 7, 3:30-5:00 PM, 25 Van Ness Ave
Strategies & Interventions: Thursday, March 2, 4:15-5:45 PM, 25 Van Ness Ave
Steering: Thursday, February 23, 3:00-5:00 PM, 25 Van Ness Ave, 330B

Full Council: Thursday, March 9, 3:00 – 6:00 PM, Workshop - Closed Session

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone. 554-7724, Fax: 554-7854, E-Mail. Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL

Minutes

February 09, 2006

The next HPPC business meeting will be held on **Thursday, April 13, 2006**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St, San Francisco

-

Members Present:
Angie Baker
William Bland
Edward Byrom
Chadwick Campbell
Michael Cooley
Thomas Ganger
Isela Gonzalez
Amber Gray
Dee Hampton
Matt Jennings
Emalie Huriaux
Janetta Johnson
Billie-Jean Kanios
Tom Kennedy
Thomas Knoble
Weihaur Lau
Derrick Mapp
Joani Marinoff, Emeritus
Tie Okamoto
Tracey Packer
Colin Partridge
Ken Pearce
Perry Rhodes III
Joaquin Sanchez

Members Present, continued…
Chandra Sivakumar
Gwen Smith
Frank Strona
Michael Underhill
Abbie Zimmerman

Members Absent:
Devin Anderson
Gayle Burns*
Michael Discepola, Emeritus
John Newmeyer*
Gail Sanabria*
Ken Vail, Emeritus

HIV Prevention Section:
Vincent Fuqua
Guillermo Gonzalez
Ju Lei Kelly
Betty Chan Lew
Eileen Loughran
Israel Nieves-Rivera
Lisa Reyes

Guests:
Michelle Bolekin, TARC
Catherine Geanuracos, Project Connect to Protect
Kevin Gogin, SFUSD
Carolyn Hunt, CAPS
Jeff Klausner, SFDPH STD Prevention & Control
Deborah Levine, ISIS
Toni Moon, Transgender Resource Space
Taylor Morrison, Ark of Refuge
Jen Sarché, SFDPH Research Section
Sean Taylor
Hank Wilson

Process Evaluation Team:
Kevin Roe

Harder + Co.:
Aimee Crisostomo
Clare Nolan
David Weinman (Minute-taker)

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* These members informed the Chair in advance of their absences.

Welcome, Introductions, and Announcements

Co-Chair Perry Rhodes III called the meeting to order at 03:07 PM. He welcomed attendees, noting that the space is open to the public and that attendees should therefore be mindful of their possessions. He then asked attendees to introduce themselves and make announcements.

- Thomas Ganger thanked everyone who visited or phoned while he was in the hospital.
- Abbie Zimmerman announced that earlier that day there had been a four-hour training session on Transgender issues for the SF Police Department.
- She also reminded attendees that Huckleberry House is looking for HIV positive people to share their story as part of their ongoing prevention program.

HIV PREVENTION PLANNING COUNCIL
Minutes
February 09, 2006

- Billie-Jean Kanios announced a Transgender Leadership Summit the weekend of 02/17-19/06 at the University of Southern California.
- Michael Underhill announced that he is now contracted with a research project at UCSF.
- Michael Cooley announced a sneak-preview screening of "Meth, the film" (sic?) 02/28/06, from 7:00-9:00 PM at the LGBT Center, full details to follow.
- Thomas Knoble announced that he is working with the HPS on a SF disclosure initiative for both HIV (+) and (-) people.
  - ⇨ The program will ask for support from the prevention community to ensure the programs are culturally relevant.
- Amber Gray announced that in April the Arc of Refuge will sponsor its annual health fair, with details to be determined.
  - ⇨ Services providers that would like to participate should contact Bobby White at 861-1060, extension 1500.
- Joani Marinoff announced the formation of new courses at City College SF (CCSF) and asked people with experience in case management entailing drug adherence to contact her.
- Ju Lei Kelly announced the Fourth Annual Self-Healing Workshop for female survivors of violence and trauma, 03/04/06 at CCSF.
  - ⇨ She also distributed the flyer entitled, "*Sexual Healing,*" copies of which are available to absent members upon request.

Review and Approval of Minutes of January 12, 2006

Perry Rhodes III noted a correction to the minutes of 01/12/06: where they read, "*Oral Fluid Test*", they should read, "*Oral Rapid HIV Test.*" Motion was made and seconded to accept the minutes of the Council's 01/12/06 meeting as corrected. There were no other corrections, changes, or objections raised. The minutes were approved.

General Public Comment

Perry Rhodes III explained that each of the people who have asked to make comment were allotted three minutes. He then introduced Jeff Klausner, Deb Levine, and Hank Wilson.

- Jeff Klausner distributed the document entitled, "*Time (days) since prior HIV test …*" copies of which are available to absent members upon request. He attended the 13th Conference on Retroviruses and Opportunistic Infections (CROI) and provided a highlight of prevention issues discussed.
  - ⇨ On 02/22/06 at the Mission Bay Campus of UCSF there will be an update and report back to the community regarding this conference.
  - ⇨ Four major prevention focuses of the conference were:
    - Importance of acute HIV Infection (RNA Screening);
    - Sero-sorting, which is somewhat effective, however, many men think they are HIV (-) when they are actually HIV (+)
      * In SF about 20% of HIV (+) men are unaware of their status, which is the lowest of any major city in the US.
      * To further reduce this percentage people should test more frequently than the average of every 10-12 months, as shown on his handout document.

- The rollout of the CDC's recommendations referred to as, "*Routine testing*," which promotes increased access to testing, including in medical care settings.
  * CA's laws would have to be changed to accommodate routine tests in some medical specialties, and people want to keep the tests confidential and voluntary.
  * Interventions from medical providers have a demonstrable impact on behavior.
  * In SF most infections are coming from people who are not in medical care.

⇨ He noted an article in the Bay Area Reporter (BAR) of 02/09/06 about Gonorrhea.

⇨ He also noted that there are discussions about Lymphogranuloma Venereum (LGV).

- Deb Levine, Executive Director of Internet Sexuality Information Services (ISIS), introduced herself. Her comments included the following.

⇨ The inSPOT website - she distributed printouts of web pages entitled, "*There's no easy way to say this…*" copies of which are available to absent members upon request.
- She explained that inSPOT is their STD partner notification program.
- Recently they added a module allowing users to select and customize an ecard (email postcard) notifying the recipient that he/she may have been exposed to HIV.
- About 40% of ecard recipients have clicked through to information on testing sites.
- They are also provided with links to HIV information, support and care services.
- In December '05 and January '06 there have been 210 ecards sent out in SF.
- There has been a lot of press about this program.

⇨ No PNP/No BB- in association with hookinguponline.org ISIS is conducting a print campaign regarding Party and Play (PNP). She distributed cards entitled, "*Put 'No PNP' in your profile,*" copies of which are available to absent members upon request.
- This will be followed up with a similar "No BB" (Bare-backing) campaign.
- The "No PNP" campaign is funded by HIV Prevention and the California AIDS Clearinghouse funds the "No BB" campaign.

⇨ "*Sex Text*" - program to commence 04/01/06, funded by the STD Prevention & Control Section, ISIS will conduct a cell-phone text messaging service for youth, including:
- STD symptoms and testing;
- HIV transmission and testing; and
- Contraceptive options, such as condoms.

- Hank Wilson from Tenderloin AIDS Research Center (TARC) wanted to address the Council's attention to issues relating to Crystal (Meth-amphetamine) and Housing, including the following.
  - People in recovery often have few options, especially with too little capacity at shelters, sometimes leading them to accept housing offers involving Crystal use; particularly young people.
  - There is nothing in the City's equation to help people dealing with Crystal challenges and emergency housing.
  - If SF's system had capacity it might be able to deal with this creatively.
  - Clients often raise these interconnected issues to him.
  - He emphasized that the need is for short-term housing.

⇨ In regards sero-sorting he pointed out that the City has lost the Shanti Lounge.
- This was a facility for HIV (+) people that didn't require further disclosure.
- It was a safe place for HIV (+) people to meet.
- Although it was effective, due to funding difficulties it wasn't supported.

- ⇨ Regarding Poppers (butyl/amyl nitrates), the FDA has decided not to enforce their regulatory authority, although Poppers are illegal to distribute and market.
  - The Internet is full of advertisements for Poppers, some of which also advertise the sale of Viagra - a lethal combination.
  - Rather than restricting sales, the FDA has decided to do educational intervention.
  - He recommends the HPPC inquire of the FDA when it is going to do something about Poppers and what do then intend to do.

Member Response to Public Comment

Perry Rhodes III invited members to respond to the Public Comment.

- Derrick Mapp asked Jeff Klausner about discussion of sero-sorting at CROI.
  - ⇨ Jeff Klausner said there was discussion of Harm Reduction, with an emphasis on sero-sorting.
  - ⇨ He noted that there appears to have been more sero-sorting in SF than elsewhere.
  - ⇨ He added that there was discussion about what can be done at the public health level to encourage sero-sorting.
- Janetta Johnson asked Jeff Klausner asked about the recommended frequency of testing.
  - ⇨ Jeff Klausner said the SFDPH is suggests sexually active people test every six months..
- Thomas Knoble expressed support and congratulations for both the "inSPOT" program, and work being done by the SFDPH, all of which is cutting-edge, nationwide.
- William Bland asked why people are unaware of their status, why they don't test.
  - ⇨ Jeff Klausner explained that this needs more investigation.
- Ken Pearce asked about the LGV article in the SF Examiner, noting that clients have wondered if they should be concerned, and if LGV increases the susceptibility to HIV.
  - ⇨ Kevin Klausner explained that LGV is a type of Chlamydia that affects the penis, lymph glands, and the rectum, and that it is responsive to antibiotics.
  - ⇨ Men who have participated in Unprotected Anal Intercourse (UAI) should be tested.
  - ⇨ Over the past several years about 5% of all of the rectal Chlamydia in SF has been LGV.
- Joani Marinoff expressed support for Hank Wilson's suggestion that the Council inquire of the FDA what they intend to do about enforcing Popper regulations.
- Matt Jennings suggested that the message in the inSPOT program should be, "*If you are HIV (-) or don't know your status you should be tested soon*," rather than as it presently reads, "*If you don't know your status, please get tested soon.*"
  - ⇨ Deb Levine indicated that this was a good suggestion.
- Abbie Zimmerman asked incentives for people to get tested again in six months.
  - ⇨ Dee Hampton responded saying that the testing programs encourage people to come back if they have been sexually active, and that some places offer incentives and some don't.

HPPC Co-Chairs/Steering Committee Report

Perry Rhodes III provided an overview of the Co-Chairs and Steering Committee meetings, including the issues before the Council, addressed below. Other items discussed at the Steering Committee for members' attention include the following.

- How the Quaker Meeting House is working as a venue for meetings.

- Committees' Community Members will have to be reviewed and voted on by the Steering Committee by its 04/27/06 meeting.
- Decision on the final names of the Committees:
  - ⇨ Membership and Community Liaison Committee;
  - ⇨ San Francisco Leadership Committee (SFLI);
  - ⇨ Points of Integration Between Prevention and Care Committee (POI); and
  - ⇨ Strategies and Interventions Committee.
- Lisa Reyes will work with HPPC Co-Chairs and Planning staff on follow up from previous year's Committees, including these issues from recent Council meetings:
  - Exemptions for people with HIV and AIDS to the HPPC Attendance Policy;
  - Support for CA Assembly Bill (AB) 699 - the 'Names Reporting' legislation;
  - Letter to CDC regarding SF's ability to conduct public health, to keep politics out of public health, and including that SF cannot be bullied;
  - Production of a brochure regarding Names Reporting;
  - Determine who is working on how to explain discordant test results to clients; and
  - Recommendations from members, Committees, and recent Systems Capacity Assessment by Neighborhoods (SCANS).
  - ⇨ In response to Joani Marinoff's question, Perry Rhodes III said that the recommendations from last year's Committees would be followed up on by Lisa Reyes.
- The upcoming UCHAPS meeting 02/15-26/06, at which Rapid Testing will be discussed.
  - ⇨ SF HPPC representative are: Gayle Burns, Eileen Loughran, Israel Nieves-Rivera, and Perry Rhodes III.

Election of At-Large Steering Committee Member

Perry Rhodes III explained that there are two At-Large Steering Committee representatives and that the Chair has received nominations for William Bland, Lawrence Ozoa, and Frank Strona. He noted that Lawrence Ozoa has resigned his HPPC membership. He then asked for further nominations. None were offered. The nominees were invited to make a statement.

- ⇨ William Bland said that he has done a lot of work with Councils around the country including working with Parity, Inclusion and Representation (PIR).
  - He added that his work at the San Francisco AIDS Foundation includes overseeing programs for African-American and Crystal using MSM.
- ⇨ Frank Strona said that he has served on a number of HIV community planning groups and is currently the Co-Chair of the California HIV Planning Group (CHPG).
  - He has experience working with various Co-factors contributing to HIV transmission, including the interaction between HIV and STIs.
  - He observed that as an At-Large member he would be well suited to represent public voices not currently the focus of any of the HPPC's Committees.

Tracey Packer explained that the At-Large members were added to the Steering Committee to broaden the Committee's background and expertise. The vote was by roll call with each present member voting on each candidate's nomination with a "*Yes*," "*No*," or "*Abstain*."

MEMBER	VOTE: W Bland	VOTE: F Strona
Devin Anderson	Absent	Absent
Angie Baker	Yes	Yes
William Bland	Yes	Yes
Gayle Burns	Absent	Absent
Edward Byrom	Yes	Yes
Chadwick Campbell	Yes	Yes
Michael Cooley	Yes	Yes
Thomas Ganger	Yes	Yes
Isela Gonzalez	Yes	Yes
Amber Gray	Yes	Yes
Dee Hampton	Yes	Yes
Emalie Huriaux	Yes	Yes
Matt Jennings	Yes	Yes
Janetta Johnson	Yes	Yes
Billie Jean Kanios	Yes	Yes
Tom Kennedy	Yes	Yes

MEMBER	VOTE: W Bland	VOTE: F Strona
Thomas Knoble	Yes	Yes
Weihaur Lau	Yes	Yes
Derrick Mapp	Yes	Yes
John Newmeyer	Absent	Absent
Tei Okamoto	Yes	Yes
Tracey Packer	Yes	Yes
Colin Partridge	Yes	Yes
Ken Pearce	Yes	Yes
Perry Rhodes III	Yes	Yes
Gail Sanabria	Absent	Absent
Joaquin Sanchez	Yes	Yes
Chandra Sivakumar	Yes	Yes
Gwen Smith	Yes	Yes
Frank Strona	Yes	Yes
Michael Underhill	Yes	Yes
Abbie Zimmerman	Yes	Yes

Both candidates were elected unanimously. The results of the elections were met with applause.

Drawing for Member Attendance at the HIV Planning Leadership Seminar (HPLS)

Perry Rhodes III explained that two members would be chosen with two alternates to attend the HPLS in June. It was also explained that this drawing is taking place far in advance so that attendees can clear this with their work/personal schedule and because it takes time to get the paperwork through the SFDPH for travel. The result of the drawings were:

Attendees:
Angie Baker
Billie-Jean Kanios

Alternates:
First - Amber Gray
Second - Chadwick Campbell

The results of the drawings were met with applause.

New Business

Perry Rhodes III explained that this is where members can suggest what will be discussed at the Council's agendas through the end of this year.

- Frank Strona suggested exploring and developing technological outreach as a model for other areas and organizing a conference to be held here.
  - ⇨ This should include establishing on-line outreach standards.
- Billie Jean Kanios suggested developing an effective program for Transgender people pre and post-release from incarceration, which should include drug treatment services.
  - ⇨ Janetta Johnson added that such a program should be on a harm reduction model, as not all such people are ready for drug treatment.
  - ⇨ Billie-Jean Kanios added that services need to go beyond drug treatment.
- Amber Gray suggested making housing specific to HIV (+) people available.

- Weihaur Lau suggested strengthening outreach to the Asian & Pacific Islander (API) communities.
- Weihaur Lau also suggested educating and collaborating with businesses/venues.
- Isela Gonzalez suggested educating agencies including the Police, Sheriff, SFDPH departments, and other SF City workers about Transgender and other prevention issues.
- Thomas Knoble suggested inviting a CDC representative to explain the agency, hopefully dispelling misconceptions, and establishing a direct line of communication.

In response to Joani Marinoff's question, Tracey Packer explained that items could be added during the next Council's business meeting (04/13/06).

Presentation by SF Unified School District on In-School Youth

Perry Rhodes introduced Kevin Gogin of the SF Unified School District (SFUSD), who explained that he works in the SFUSD School Health Programs Department. The presentation entitled, "*Overview School Health Programs Department,*" had previously been distributed to all members. Kevin Gogin additional comments included the following.

- He explained that he oversees three programs:
  - ⇨ The Crisis Response Program, for which he is the district's point-person;
  - ⇨ The Sexual Minority Youth Services Program which
    - Includes the Gay-Straight Alliances
    - Conducts assessments and provides referrals where appropriate; and
  - ⇨ The Wellness Sites / Department of Children, Youth, and Families of the SFDPH
    - There are seven Wellness Sites, which have behavioral health programming.
- He also has responsibility for The Condom Availability Program (CAP).
- He explained that his is by training a Marriage and Family Therapist, and has been with the SFUSD since 1990.
- Slide 2
  - ⇨ Each Wellness Site has a Health Promotion Committee, the members of which include classroom teacher are given stipends of $800.
  - ⇨ The School Health Programs Department gives committee members training.
- Slide 3
  - ⇨ Supplemental Curriculum includes information on HIV and sexual identification that isn't covered completely because the textbooks are used nationwide.
  - ⇨ As part of their agreement with CDC all materials from Community Based Organizations (CBO) are reviewed before going into classrooms ensuring they are age-appropriate, and fit the curriculum being taught. CBOs being worked with include:
    - * Planned Parenthood,
    - * Cole Street Clinic,
    - * New Generations, and
    - * Casa de las Madres.
  - ⇨ The Theater Presentations include work with Kaiser and the New Conservatory Theater.
  - ⇨ The Names Project includes displaying 30+ panels during the first week of December.
- Slide 4 - The Health Promotion Committee at each of the 20 High Schools is comprised of four members, as listed, with the Health Liaison Coordinator being primarily responsible for HIV education materials.

- Slide 6
  - ⇨ CAP has been successfully up and running for about 14 years.
  - ⇨ All Sex Education, including CAP, involves notifying parents of such programs through the Parent/Guardian Handbook.
  - ⇨ Schools may also send a notice home, which are notifications not permissions.
  - ⇨ A parent must notify the school if he/she does not want her/his child to participate.
  - ⇨ All High School students are over 12 years of age and can therefore consent to services without parental consent.
  - ⇨ If a parent informs the school that his/her consent is being withheld, the School Nurse, or educator tells the student that parental consent has been withheld and then asks the student if he/she wishes to proceed in receiving a condom anyway.
- Slide 8 - There are seven condoms per packet and 2,762 packets have been distributed.
- Slide 10 - Data is gathered from a CDC mandated question that asks about the use of condoms *to prevent pregnancy* (emphasis added).
  - ⇨ The SFUSD will add a question about use of condoms for other reasons.

Questions and Comments

- Michael Cooley asked if CDC's Division of Adolescent and School Health (DASH) program funds the SFUSD health programs.
  - ⇨ Kevin Gogin explained that the CDC is a driving force behind these programs, although he is not directly involved in funding.
- William Bland asked if the Alcohol Youth Outreach Coordinator also deals with other drugs.
  - ⇨ Kevin Gogin explained that the SFUSD received a grant specifically dealing with alcohol, however, they try to look at intoxication comprehensively.
  - ⇨ He added that the grant received for tobacco includes work regarding marijuana.
  - ⇨ He noted that the Alcohol and Tobacco coordinators are school nurses.
- Billie-Jean Kanios asked about the oversight and if services are being provided to Charter Schools and group homes.
  - ⇨ Kevin Gogin explained that there is a coordinator at the SFUSD who checks in with, and makes referrals for, children in foster care as well as their caseworkers.
  - ⇨ He said that Charter and Private Schools are able to access his department's materials.
  - ⇨ He also explained that Charter Schools also get information through the Weekly Administrative Directive.
- Derrick Mapp asked if there are coordinated services available to homeless youth.
  - ⇨ Kevin Gogin explained that they don't have a specific liaison but that they coordinate with agencies providing services to homeless youth.
- Michael Cooley asked about the open availability of condoms.
  - ⇨ Kevin Gogin explained that condoms are not openly available, however, students are notified when condoms are available and being handed out.
  - ⇨ He added that because information on proper usage can accompany distribution the SFUSD believes the student is better served with face-to-face condom distribution.
- Abbie Zimmerman asked about students' confidentiality and the confidentiality of files.
  - ⇨ Kevin Gogin explained that at the Wellness Sites the only information on file is that the student registered for, or accessed services.

- He noted that Counselors and Nurses working with a student maintains separate confidential files.

⇨ He explained that they try to get parental approval, but if the student requests that they don't, the student is registered without notification or permission.

⇨ He added that there are a number of other ways to keep services confidential.

- William Bland asked why condom use went down in both Middle and High Schools.
  - ⇨ Kevin Gogin suspects it is the question's wording, but that there is nonetheless also a lot of unprotected sexual activity.
  - ⇨ He added that the SFUSD defines intercourse, anally, vaginally, and orally and lot of kids either do not include oral, and/or don't use condoms during oral intercourse.

The attendees expressed their appreciation for Kevin Gogin's presentation with applause.

Copies of the presentation entitled, "*From An Educator's Point of View*" were distributed in advance to all members. Ju Lei Kelly from HPS conducted the presentation. Her additional comments included the following.

- Nine HPS staff members volunteer to weekly go to schools that have neither a nurse nor a Wellness Site.
- Slide 2- She circulated samples of the packets distributed by the CAP.
- Slide 3
  - ⇨ When students come in for a condom they are also provided with an educational session.
  - ⇨ In the near future an HPS staff member will do workshops on Transgender issues.
- Slide 4 - School staff has provided very positive feedback on the program.

The attendees expressed their appreciation for Ju Lei's presentation with applause.

Questions and Comments

- Matt Jennings asked if there have been difficulties with parents.
  - ⇨ Ju Lei Kelly noted that she volunteers at a school with a large number of parental "*opt outs*," while at the same time the school has a high pregnancy rate.
- William Bland asked if the program goes to Middle and High Schools.
  - ⇨ Ju Lei Kelly said that they only go to High Schools.
  - ⇨ Kevin Gogin explained that the services need to be age-sensitive, and that while 10% of Middle School student claim to be sexually active that is really quite low compared to national averages.
- Thomas Knoble asked about age-appropriate language.
  - ⇨ Ju Lei Kelly explained that some students don't understand technical terms and so they use more common terms.
- Thomas Knoble then asked if distributing condoms face-to-face is a barrier.
  - ⇨ Ju Lei Kelly said they are sensitive to where in the school the program is conducted.
  - ⇨ Vincent Fuqua said that a lot of students come in.
  - ⇨ Lisa Reyes added that some come in and talk about a lot of issues, they don't always come in for condoms.
- Derrick Mapp asked if the packets are in languages other than English and Spanish.
  - ⇨ Ju Lei Kelly said that the program has educators that speak numerous languages.
  - ⇨ Kevin Gogin added all materials go out in five languages - English, Spanish, Russian, Tagalog, and Chinese.

- ⇨ Eileen Loughran explained that when staffing schools they try to respond to the school's demographics.
- Derrick Mapp asked about the impact of recently announced school closures.
  - ⇨ Kevin Gogin noted that there are no High Schools being closed.
- Amber Gray explained at her agency there are plans for an after school youth computer skills program, but it is waiting to start. Nonetheless, students coming in for that program have ready access to bowls of condoms available.
  - ⇨ She wonders if CAP could be extended to venues such as this.
  - ⇨ Tracey Packer explained that the HPS could help agencies develop prevention programs.
- Tracey Packer pointed out that the HPPC can also provide condoms for distribution at agencies that don't have a budget line item for prevention/condoms.
- Michael Cooley asked if there is information about where condoms are available outside of the schools.
  - ⇨ Kevin Gogin explained that there often are outside providers at the Wellness Centers, and the program always trying to make linkages to primary medical care and others.
  - ⇨ Ju Lei Kelly said they try to ensure teachers know about available outside resources.
- Michael Cooley asked if they are experiencing a lot of mandatory reporting of sexual contact between children and adults.
  - ⇨ Ju Lei Kelly said that such reports are required, that they have had training on mandatory reporting, but that they haven't had cause to make a report as yet.
- Angie Baker noted that many agencies have condoms readily available, even for non-clients.
- She then asked at what age generic sexual health education is introduced.
  - ⇨ Kevin Gogin said that they start fifth grade with basic body parts, adding that in the sixth Grade there is education about intercourse, including discussion of HIV and STDs.
- Abbie Zimmerman explained that Huckleberry's Cole Street Clinic networks with CAP conducting workshops and providing condoms, and added that hopefully other program will link with CAP, making their services more readily available.
- Ju Lei Kelly noted that the CAP is possible because California has a Comprehensive Sexual Education Law, and that only five or six other States have similar laws.
  - ⇨ In response to Billie-Jean Kanios' request for a copy of the Comprehensive Sexual Education Law, Tracey Packer said that a copy of, or information on where a copy can be found, would be made available.
- Perry Rhodes III noted that the focus of this presentation was a result of the 2005 Youth Committee's Goal 2.

The attendees again expressed their appreciation for Kevin Gogin and Ju Lei Kelly's presentations with applause.

Presentation on Prevention Needs of Out of School

Perry Rhodes III introduced former Council member Catherine Geanuracos of Project Connect to Protect. Copies of the presentation entitled, "*Connect to Protect Bay Area*" had previously been distributed to all members. Catherine Geanuracos' additional comments included the following.

- Slide 3 - Boston and San Diego are no longer participating, and Memphis has been added.
- Slide 4 - They have been funded for structural change, which the CDC will not fund.
- Slide 5 - Community groups are going to take the lead in planning for the future.

- Slide 8 - The "*Little Black Book*" is now up on the web.
- Slide 9
  - ⇨ They will work on about five structural changes/interventions.
  - ⇨ People interested in participating in their on-line survey about the potential impact of different interventions should contact Catherine Geanuracos.
  - ⇨ They will repeat the Serosurvey periodically to monitor the specific youth populations.
- Slide 11 - They may ask members' help finding young people for the Mpowerment program.
- Slide 12
  - ⇨ They did recruitment at 'The Crib' nightclub, on 18th between Castro and Collingwood, and the LGBT Center.
  - ⇨ The Serosurvey did testing without giving participants results.
    - The ethics of this process was reviewed at UCSF agencies.
    - The concept is that getting accurate prevalence data could be compromised if participants expected to get test results.
    - Information was provided to participants of testing sites.
  - ⇨ It is suggested that agencies go back and provide tests with results at these location, as there were a number of unexpected HIV (+) results.
- Slide 15 - Homelessness was widely defined as any period of unstable housing.
- Slide 16 - Testing at the LGBT Center might have influenced the homeless percentage.
- Slide 18 - The result showing nearly half having not used substances is questionable, and may be a result of the survey being too long.
- Slide 25 - Non-sexual risk in jail includes fighting, needle sharing, tattoos, etc.
- Slide 27 - Experience indicates that if one has a job he is much less likely to do risky things.
- Slide 29 - The 11.1% of youth unaware that they are HIV (+) is lower than one would expect to find among an older cohort.
- Slide 32 - The numbers within each ethnicity may be too small to have great significance.
- Participants were paid to complete the survey, which took about 45 minutes on a computer.
- This information has been given to Willi McFarland to be part of the Consensus Data.

Questions and Comments

- Amber Gray asked about Mpowerment's learning by helping.
  - ⇨ Catherine Geanuracos explained that this is peer-driven intervention that spreads out through participants' peer and social networks.
  - ⇨ Amber Gray indicated that she has someone that she wants to be involved.
- William Bland asked if needle sharing was asked in the Serosurvey.
  - ⇨ Catherine Geanuracos believes it was asked, but she didn't have the results with her.
- Frank Strona noted that SFDPH STD Section had recently done outreach at the LGBT Center, which might impact the Medical Care findings (Slide 21)
- In response to Angie Baker's question, Catherine Geanuracos said that the data on jails (Slide 25) included youth and juvenile detention facilities, however, they did not collect data as to where participants had been incarcerated.
- Derrick Mapp noted that he found it surprising that 'Housing/Shelter' ranked higher in expressed needs than 'Housing/Short term' or 'Housing/Long term." (Slide 27)
  - ⇨ Catherine Geanuracos noted that there are very few youth appropriate shelters

- ⇨ Emalie Huriaux noted that there would be a meeting at City Hall on 02/13/06 to discuss the possibility closing the Youth Shelter and moving the funding into long-term housing.

- In response to Michael Underhill's question, Catherine Geanuracos said that the question about youth services needed (Slide 27) is what respondents think their community needs.
- In response to Weihaur Lau's question, Catherine Geanuracos said that the percentage of both the Asian and Latino respondents was similar to the Epidemiological data available.
- Janetta Johnson suggested that it would be valuable for the youth to have access to and be aware of the information found in the Serosurvey, particularly that there is a large percentage of young men unaware that they are HIV (+).
- In response to Ken Pearce's question, Catherine Geanuracos said she wasn't sure of the ethnicity of the two participants who were aware that they are HIV (+).
- Israel Nieves-River highlighted that nearly half of the participants that reported using drugs have exchanged sex for drugs.

The attendees expressed their appreciation for Catherine Geanuracos' presentation with applause.

Summary, Evaluation, and Closure of Meeting

Tracey Packer pointed out that this meeting explores some of the issues relating to youth, but not all of them; that there are things that the Council should follow up on, both from this meeting and that came from the 2005 Youth Committee.

- She also noted that the next HPPC meeting is a closed, team-building session open to members, consultants and staff only.
- The next HPPC business meeting open to public comment and participation will be 04/13/06.

Perry Rhodes III reminded members to execute their evaluation forms. The meeting adjourned at 5:49 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Lisa Reyes and Tracey Packer.

Reminders: The next HPPC business meeting, will be Thursday, April 13, 2006
Location: Quaker Meeting House, 65 Ninth Street, SF

415 431 7154 P.02

HIV Prevention Planning Council Meeting
Thursday, April 13, 2006
3:00-6:00 pm

DOCUMENTS DEPT

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Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

04-05-07A00:58 RCVD

Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III, and Tracey Packer

3:00 pm	**Welcome, Introductions, and Announcements**	**Tracey Packer**
3:15 pm	**HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section.	**Tracey Packer**
3:20 pm	**General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**All**
3:30 pm	**Member Response to Public Comment**	**All**
3:35 pm	**Presentation on Issues in STD Prevention and Control** Objective: To update the HPPC on STDs in San Francisco. April is National STD Awareness month.	**Frank Strona, STD Control & Prev.**
3:55 pm	**HIV Incidence and Prevalence Estimates: Presentation and Discussion of the Consensus Data** Objective: To provide the HPPC with the latest consensus data on HIV in San Francisco. Estimates of HIV incidence and prevalence by behavioral risk population will be presented, based on a consensus process. Members will have opportunity to discuss the data and make recommendations.	**Willi McFarland HIV/AIDS Statistics and Epidemiology**
4:40 pm	**Break** (time may be adjusted to accommodate presentations)	
4:50 pm	**Small Group Activity on Consensus Data** Objective: To allow members and guests to identify questions and comments regarding the estimates of HIV incidence and prevalence	**All**
5:05 pm	**Report Back & Group Discussion on Consensus Data** Objective: HPPC members will report from the small groups and continue the discussion of the data presented.	**All**
5:25 pm	**New Business/Parking Lot** Objective: To consider suggestions by HPPC members for discussion and action at committees and council meetings in 2006. Members vote to add items to the "Parking Lot" *(VOTE)*	**Tracey Packer**
5:35 pm	**Review and Approval of Minutes of February 9, 2006** Objective: To discuss and approve the minutes from the most recent council meeting *(VOTE)*	**Tracey Packer**

5:40 pm	**Membership/Community Liaison Report: Recommendation for Attendance Policy for Community Members** Objective: To present and approve an attendance policy for community members to HPPC committees. Community members are voting members of committees, but not members of the HPPC. At present there is no attendance policy for community members. *(VOTE)*	**Membership/ Community Liaison Committee**
5:55 pm	**Summary, Evaluation, and Closure of Meeting**	**Tracey Packer**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Membership/CLC (2nd Monday): April 10 & May 8, 3:00-4:30 PM, 25 Van Ness Ave
San Francisco Leadership Initiative (4th Thurs): April 27 & May 25, 1:30-3:00 PM, 25 Van Ness
Points of Integration Btw Prev & CARE (1st Tues): April 4 & May 2, 3.30-5:30 PM, 25 Van Ness
Strategies & Interventions (1st Thurs): April 6 & May 4, 4:00-5:30 PM, 25 Van Ness Ave
Steering (4th Thurs): April 27 & May 25, 3:00-5:00 PM, 25 Van Ness Ave

Full Council: Thursday, May 11, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL

Minutes

April 13, 2006

The next HPPC business meeting will be held on **Thursday, May 11, 2006**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St, San Francisco

Members Present:
Angie Baker
William Bland
Gayle Burns
Edward Byrom
Chadwick Campbell
Thomas Ganger
Isela Gonzalez
Dee Hampton
Emalie Huriaux
Matt Jennings
Janetta Johnson
Billie-Jean Kanios
Tom Kennedy
Thomas Knoble
Weihaur Lau
Derrick Mapp
Joani Marinoff, Emeritus
Tei Okamoto
Tracey Packer
Colin Partridge
Ken Pearce
Perry Rhodes III
Gail Sanabria

Members Present, continued…
Joaquin Sanchez
Chandra Sivakumar
Gwen Smith
Frank Strona

Members Absent:
Michael Cooley*
Michael Discepola, Emeritus
John Newmeyer*
Michael Underhill
Abbie Zimmerman*

HIV Prevention Section:
Dara Coan
Vincent Fuqua
Guillermo Gonzalez
Ju Lei Kelly
Betty Chan Lew
Eileen Loughran
Israel Nieves-Rivera
Lisa Reyes

Guests:
Enrique Asis, CARE Council
Matthew S. Bajko, Bay Area Reporter
William Blum, SMCAP
Rakli Gadju, Trans/UCSF
Staffanie Goodman, UCSF - Staying Well Study
Willi McFarland, AIDS Office
C. McGuire, Larkin Street
Jack Newby, CARE Council
Steve Oxendine, SFLI Committee Member
Susan Philips, SFDPH
Jen Sarché, AIDS Office
Sylko Winkler

Process Evaluation Team:
Kathleen Roe

Harder + Co.:
Aimee Crisostomo
Clare Nolan
David Weinman (Minute-taker)

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* These members informed the Chair in advance of their absences.

Welcome, Introductions, and Announcements

Co-Chair Tracey Packer called the meeting to order at 03:06 PM. She welcomed attendees, noting that because the agenda is full, some of the usual order of topics had been altered. She pointed out that the Council is has a new public address (PA) system. She invited attendees to introduce themselves and to make announcements.

- Frank Strona announced that a sexual diversity training was conducted at San Jose State University (SJSU) utilizing the services of Marcus Arana and Sheryl Chase, which was highly successful and utilized lessons learned by similar training at HPPC.
- Dee Hampton announced that the AIDS Health Project (AHP) is now doing testing by appointment only, that there is no drop-in.
  - ⇨ However, passes are available for agencies wishing to refer clients for testing.

- Israel Nieves-Rivera announced that Gayle Burns has been asked to make a presentation on community involvement in HIV prevention at the Native American Conference in Alaska.
  - ⇨ This news was met with applause.
- Tracey Packer announced that the facility management at the Quaker Meeting House asks the HPPC to be careful with chairs and other things scraping the hardwood floors of the meeting room.
- Tracey Packer noted that a special invitation was extended to members of the CARE Council to this meeting.
  - ⇨ HPPC members are likewise extended a special invitation to attend the CARE Council's meeting on 04/24/06 in which epidemiological data will be presented.

HPPC Co-Chairs/Steering Committee Written Report

Tracey Packer noted the Co-Chairs and Steering Committee's report was submitted in writing, and distributed to all members prior to the meeting. She asked for comments and questions. She also noted that index cards would be distributed for any written questions members may have.

- In response to a member's request, a list of commonly used acronyms will be distributed to all members.
- Tracey Packer also noted that responses to members' questions from the Teambuilding Training (03/09/06) have been sent out to all members.

General Public Comment

Tracey introduced members of the public who has asked to make comment.

- Steffanie Goodman of UCSF's Staying Well project explained that the project is a study of people who are HIV (+) not currently taking medications for HIV who want to keep their CD4 count up.
  - ⇨ This project is on going for the next four years.
  - ⇨ Participants may have previously used medications, and may at their choosing return to use of medications.
  - ⇨ She distributed flyers and postcards announcing the project entitled, "*Are you HIV+ and feeling Stressed but not taking meds,*" and clinical summaries entitled, "*The Staying Well Study: A clinical Trial of Mindfulness-Based Stress Reduction (MBSR)...* " copies of these are available to absent members upon request.
- Jen Sarché of the HIV Research Department of the SFDPH explained that Project T is being conducted by the SFDPH.
  - ⇨ This is an ongoing study of HIV (-) men to determine if use of a Highly Active Anti-Retroviral Treatment (HAART) medication as a prophylaxis is safe, effective, and if it changes sexual risk behavior of study participants

  Jen also mentioned the following points:
- The first and most important message is that it is unknown whether Tenofovir or any other drug works to prevent HIV infection in HIV negative people. Very promising headlines have been misleading, because they are based on studies in animals, which do not always translate into humans.

- The second messoge is that some of the news stories imply thot usoge of HIV drugs this way is common in the gay community. The Reseorch Section does do not know if thot is the cose, and that both the Research section and the STD branch are doing further reseorch into this, results of which should be availoble later this yeor.
- Finally, she stressed thot it is important to know thot this strotegy is different from PEP, or Post-Exposure Prophylaxis, where people take a 28-day regimen of HIV drugs within 72 hours *after* o known HIV exposure. Project T ond studies like it ore obout toking a drug on on on-going bosis, *before* exposure. Right now Project T is looking ot the sofety of this approoch, ond whether or not it works to prevent HIV infection will be a question for future studies. She stressed that there is no evidence in humans yet to suggest the drugs work to prevent HIV infection. The Reseorch Section does not recommend thot onyone use this os on HIV prevention strotegy.
  - ⇨ Agencies with questions were encouroged to contoct Jen Sorché ot 415-554-4297

Member Response to Public Comment

- Jooni Morinoff asked for a written poragroph to be distributed to members exploining developments regarding prophylaxis use of HAART.
  - ⇨ Jen Sarché said that she would write a paragraph and that the HPS stoff would distribute it.
- In response to Tom Kennedy's question, Steffonie Goodmon explained thot porticiponts in Stoying Well study could chonge their minds' and start/restart HAART.

Presentation on Issues in STD Prevention and Control

Trocey Packer introduced Fronk Strono. Copies of his presentotion entitled, "*Sexual Health in San Francisco,*"hod been distributed to all members prior to the meeting. His additionol comments included the following.

- April is STD Awareness Month.
  - ⇨ This yeor, in colloborotion with Stop AIDS and others SFDPH STD Prevention ond Control division conducted screening in a number of places including at some locol gyms.
  - ⇨ On 04/12/06 they conducted STD ond HIV screening ot the LGBT Center from 4:00 to neorly 9:00 PM.
- The STD Prevention and Control Section is actively involved in creating a sense of Sexuol Heolth, which includes routine testing and screening.
- Porticulor concerns include: the increose in the number men testing positive for rectal gonorrhea; and the HIV stotus of people testing positive for gonorrhea.
- It is also importont to note the increosed incidence of phoryngeal (in the throot) gonorrhea.
- Unlike other oreas, in SF incidence of Syphilis is leveling off.
- A possible reason for the increase in reports of gonorrheo is that there hos been o more oggressive approach to testing, including increosed occess to tests.
- The STD Prevention ond Control section has colloboroted in the Positive Reinforcement Opportunity Project (PROP) since 2004.

- In collaboration with Stop AIDS and Walden House the STD Prevention and Control Section intends to expand screening to include: several gyms, Buena Vista Park, and the Windmills at Golden Gate park.
- Agencies wishing to have links on their websites to the STD online site should contact Frank Strona.
- The online peer-to-peer partner notification project (InSpot) has been very successful and is being adopted by other jurisdictions around the country.
- The STD Prevention and Control section will continue its collaboration with CBOs, hosting conferences and conducted state-funded research through its clinics.

Attendees expressed their appreciation for Frank Strona's presentation with applause.

Questions and Comments

Frank Strona introduced Dr. Susan Phillips, Director of City Clinic.

- Joani Marinoff asked what advice is being given to people testing positive to HSV-2 (Herpes Simplex Virus-Type 2).
  - ⇨ Susan Phillips explained that the interaction between HSV-2 and HIV is complex, but that people do shed virus even without outbreaks of HSV-2, so it is recommended that people use condoms as well as medications.
- Thomas Knoble asked what is inhibiting partner treatment for gonorrhea.
  - ⇨ Susan Phillips explained that that there is a state law allowing distribution of medications for partners where Chlamydia is concerned, but not for gonorrhea.
    - Nonetheless, in SF medications are provided for partners of people testing positive for gonorrhea.
  - ⇨ Thomas Knoble suggested and Susan Phillips agreed, that provision of medications for partners of those testing positive for gonorrhea should be promoted.
    - Susan Phillips added there is a statewide push to let providers know that they can supply partners with medication.
- Israel Nieves-Rivera asked if the HIV (-) men testing positive for gonorrhea are sero-sorting.
  - ⇨ Frank Strona responded that the data indicates that some, but not all are sero-sorting.
  - ⇨ He added that he would get the details of the data to Israel Nieves-Rivera.
- Billie Jean Kanios asked if there is a breakdown of test results performed at Magnet.
  - ⇨ Frank Strona responded that a breakdown is available, but he didn't have it with him.
  - ⇨ Tracey Packer added that Magnet has the second highest STD rate in SF, after City Clinic.
  - ⇨ Frank Strona suggested having a presentation from Steve Gibson of Magnet.
- Billie Jean Kanios asked if there are any published studies from PROP.
  - ⇨ Frank Strona explained that there are various versions of PROP.
  - ⇨ He added that results from SF's current version of PROP have been written up and published.
- Frank Strona explained that PROP is a collaborative effort including the HPS and STD sections of the SFDPH, Magnet, Positive Health and others. It was designed to motivate men with a record of Methamphetamine use to come in three times a week for testing utilizing a positive reinforcement approach to cessation of substance use.

- ⇨ In SF the positive reinforcement by means of accruing credits for taking these tests with such credits translatable to money in the form of gift certificates (but not cash).
- ⇨ Participants could earn a total of $453 for the 12-week program.
- ⇨ There is no recrimination, and testers are scripted on how to deliver test results.

- Janetta Johnson asked about the possibility of duplicated syphilis test results.
  - ⇨ Susan Phillips explained that every person with a positive result is carefully examined to determine which stage of the infection they are in.
  - ⇨ She added that providers are encouraged to give regular tests to people who are sexually active, which enables tracking of those infected and their partners.
- Isela Gonzalez asked how the gonorrhea test data is collected.
  - ⇨ Frank Strona explained that the SFDPH sometime utilize self-administered swab tests.
  - ⇨ He also explained that tests are available at City Clinic, Magnet, and at outreach locations, adding that several CBOs will also be offering tests.
- Mathew Bajko from the Bay Area Reporter newspaper asked about pharyngeal gonorrhea and noted that there have been complaints that the treatment dosage was insufficient.
  - ⇨ Susan Phillips responded that City Clinics had been prescribing 200 ml of oral antibiotic, which is the only FDA approved dose for treating gonorrhea.
  - ⇨ She added that reviewing results elsewhere in California the SFDPH has changed its prescribed dosage to 400ml.
- Mathew Bajko then asked about the funding of the Meth Prevention Initiative, questioning what part of the funding is coming out of HIV and STD prevention's budgets.
  - ⇨ Frank Strona said that some of the STD prevention funding has been allocated to Meth prevention and that other sources of funding are been sought out.

The attendees joined Tracey Packer in thanking Frank Strona and Susan Phillips, expressing their appreciation with applause.

<u>HIV Incidence and Prevalence Estimates: Presentation and Discussion of the Consensus Data</u>

Tracey Packer explained the importance of HIV incidence and prevalence numbers to the HPPC's work. It relates to how the Council prioritizes programs and funding relating to the various Behavioral Risk Populations (BRPs). Index cards were distributed for questions that are not otherwise addressed. She explained that there will be small group work to develop questions and for discussion of the epidemiological data. She then introduced Dr. Willi McFarland. She noted that copies of his presentation entitled, "*2006 HIV Consensus Estimates*" had been distributed to all members prior to the meeting. Willi McFarland's additional comments included the following.

- Consensus epidemeology data is collected every five years.
- The data presented is his recommendation and asks that members give him feedback as part of the process leading to final consensus data.
  - ⇨ If any of the data contradicts members' experience he will reexamine his to ensure there is a consensus on the conclusions drawn.
- <u>Slides 3 & 4</u>- Shows a prevention success, even though there was not as much of a reduction as had been hoped for. The overall numbers hide changes in specific populations.
  - ⇨ Primarily the decrease in the rates shown is more significant than it seems because it is applying to a larger population.
- <u>Slide 5</u> - SF is only city showing progress toward the goal of reduction of 50% by 2010.

- Slide 6 - Part of the dramatic decrease in rate (1983-88 the '*Fall*') is due to people realizing HIV is a sexually transmitted infection, as well as a result of prevention efforts.
- Slide 8 - Shows what is believed to be happening, a *'Reversal of Trend.'*
- Slide 9 - Shows the incidence rates if the current trend continues through 2016.
- Slide 10 - After the dot-com bust in the early 2000's SF's MSF population decreased while the MSM increased.
  - ⇨ SF may have the largest population of gay men in the world, certainly it is the highest in the US.
    - Much higher than the second highest, Washington DC.
  - ⇨ Consensus data probably underestimated MSM-IDU population in 2001.
  - ⇨ 2001 MTF population size was overestimated at 2,800, and was based on a single study.
    - The 2006 estimate is supported by four studies.
    - The population probably actually grew since 2001, but not enough to compensate for the earlier over estimation.
- Slide 11 - Population size and prevalence numbers are as of 01/01/06.
  - ⇨ New infection numbers and rates are that which is expected by 12/31/06.
  - ⇨ There is a lack of data about MTF and there is only one documented case of FTM HIV.
- Slide 12 - MTF-IDU incidence (43.2%) is the highest of any category.
  - ⇨ The transmission of HIV among the various IDU BRPs is increasingly due to sexual activity, and transmission resulting from needle sharing has sharply declined.
  - ⇨ The data has not born out the assumption that risk of infection by means of vaginal sex is higher than anal-insertive sexual activity.
  - ⇨ In response to a question, it was noted that some data could be broken down by neighborhood.
- Slide 13 - FSM/M data is based on females who are at risk of transmission because their male partners having sex with other men.
  - ⇨ Likewise for MSF.
- Slide 14 - Another component of the philosophy employed is that some data falls outside (high or low) reasonable probability/likelihood.
- Slide 15 - The process outlined is the one that has been pioneered in SF.
  - It is now been adopted in other jurisdictions around the world, including the UN.
  - ⇨ This Consensus Data will go into a revised Epidemiology Chapter of the Plan.
  - ⇨ Release to the public and press may result in some further modifications of the data.
  - ⇨ Much of the delay in gathering data is due to difficulty getting responses from researchers.
    - The process began in June 2005.
- Slide 17 - SF has the lowest percentage of unknown HIV infection in the country.
  - ⇨ Incidence and prevalence data must fit and conform to what is known based on reported cases and people seeking services.
    - For example, estimates must conform to numbers of actual cases reported, if not future estimates need to be amended.
- Slide 20 - The use of trends includes STD test results.
- Slide 22 - The MSM-IDU 2006 estimated prevalence rate (24.3%) is down from the estimation in 2001 (27%), but because the population grew total number has gone up.

- Slide 23 - NATIONAL HIV BEHAVIORAL SURVEILLANCE (NHBS) is Behavioral Surveillance Study
- Added Slides - in 2001 data relied on a single study, completed in 1997.
  - The Multiplier method was used to extrapolate total population and incidence.
  - ⇨ Since 2001 there had a number of studies particularly of MTF-IDU.
    - All of the studies are substantially lower than the estimates relied upon in 2001.
    - Consensus data used the Ratio method to get the total size of the population.
  - ⇨ Based on the data used in 2001 there would have been 40 new cases of HIV among transgender-IDU, however, only about 5 such cases have been reported annually.
  - ⇨ In all the 2001 population estimates are outside of the range of probability based on numbers collected since then.

Questions and Comments

- Ken Pearce asked if the number for the beginning of 2006 was actual, or estimated.
  - ⇨ Willi McFarland explained that the data will never be precise but highlighted the continuous process of comparing estimates to actual as a means of making more accurate estimates into the future.
- In response to Ken Pearce's follow-up question, Willi McFarland said that there would be slightly more accuracy with implementation of names reporting, but not much.
- Colin Partridge asked about the use of Confidence Intervals in coming up with the higher and lower plausibility limits.
  - ⇨ Willi McFarland explained that the plausibility limits he used are based on observation and experience, rather than the Confidence Intervals reported by the researchers/authors of the various studies.
- Thomas Knoble asked about the basis for estimating that 23% of MSM are unaware of their HIV status.
  - ⇨ Willi McFarland said that it comes from a National HIB Behavioral Surveillance (NHBS) of MSM who were asked their status and then tested.
  - ⇨ Thomas Knoble observed that this percentage seems high.
  - ⇨ Willi McFarland responded that the SF conventional wisdom was that it was about 20%, and the CDC estimated about 25%, so when the study reported 23% it was considered reasonable.
    - He added that this is very low compared to other parts of the country, noting that in NYC 42% are unaware, and in Baltimore 60% are unaware of their status.
    - SF has the lowest incidence rate of HIV and the lowest rate of unawareness of HIV (+) status, using the same methodology as other cities.
- Gayle Burns asked about the difficulties / problems accessing data from the Reggie system (a computerized client registration system for HIV+ clients receiving services at non-profit/government service organizations in San Francisco, Marin, San Mateo Counties).
  - ⇨ Willi McFarland explained that Reggie system administrators were hesitant to release data, saying that they were always about to update it.
  - ⇨ He noted that he now has the data and hopes to use it for age, race, and ethnicity information, not incidence/prevalence.
- Tom Kennedy asked about factoring out non-SF residence from the incidence numbers.

- ⇨ Willi McFarland noted that there are no adjustments for non-residence in current, or previous numbers.

- Joani Marinoff asked about incidence among African American FSM-IDU.
  - ⇨ Willi McFarland explained that while they probably do have a higher incidence than non-African American women, the data doesn't separate the BRP by ethnicity.
  - ⇨ Joani Marinoff noted that if they were separated African American FSM-IDU would be ranked fourth not fifth.
- Joani Marinoff then asked about MSF-IDU versus FSM-IDU.
  - ⇨ Willi explained that they have the same incidence rates, but that there are about three times as many men who inject as women.
  - ⇨ He added that there is a belief that the transmission by means of sexual contact should be higher for women whose partners inject than for men with injecting female partners.
    - He noted, however, that studies have not found females being at greater risk of sexual transmission of HIV.
  - ⇨ He also clarified that the incidence rates are going down for MSF as are the relative ranking of their incidence rates (was #4 highest rate, now is #5).
  - ⇨ Tracey Packer added that it is important to note that the number of new infections among MSF where drug injection is involved is going down.
    - She also agreed with Joani Marinoff that this BRP needs more discussion than can be accommodated in open session, and that it should be taken up in the small group exercise to follow.
- Chandra Sivakumar asked about the about the statistic circulating nationwide that about 50% of new infections are occurring among people under 25 years of age.
  - ⇨ Willi McFarland indicated that that doesn't seem reasonable, at least in SF.
  - ⇨ He added that the data he has studied indicate that the incidence rate is low among people in their early twenties, accelerates in the later twenties, and is highest among people in the thirty to forty age range.
- Ken Pearce asked about the correlation between late testers and those who are unaware of their serostatus.
  - ⇨ Willi McFarland explained that the correlation is very complex.
    - Because of the use of HAART progress from seroconversion to AIDS has slowed, and so people who progress quickly from known seroconversion to AIDS tend to be late testers.
    - Early testing, he added, results in slower progression, which skews the percentage of people with AIDS toward late testers.
  - ⇨ Tracey Packer suggested a longer presentation on late testers.

Tracey Packer explained that Dara Coan is going to take the data from the consensus data and the Council's discussion and draft an update to the Epidemiology Chapter. She added that the Council would need to look at funding and how it compares to this updated data. Tracey Packer thanked Willi McFarland for compiling this amazingly detailed data; far more comprehensive than most other areas have access to. She highlighted that the data informs the prevention process.

- The attendees joined Tracey Packer in expressing appreciation for Willi McFarland's presentation.

Small Group Activity on Consensus Data

Tracey Packer explained the importance of members' understanding and applying the epidemiology data presented. In that light, the Co-Chairs agreed to delay discussion of the Parking Lot and the Committees' Community Members' Attendance Policy until the 05/11/05 meeting; thus allowing more time for Small Group discussion and reporting.

The document entitled, "*Small Group Facilitation Guide*" was distributed, copies of which are available to absent members upon request. The Council then divided into five Small Groups.

Report Back & Group Discussion on Consensus Data

Tracey Packer asked for the Small Groups to report back. Reports were given for groups one through five by Matt Jennings, Emalie Huriaux, Isela Gonzalez, Weihaur Lau, and Chadwick Campbell, respectively. Their remarks included the following (by question on the Facilitation Guide).

1. Was there anything in the data or the presentation that you need clarification on?
   - ⇨ Has data from private care providers, including HMOs such as Kaiser, been incorporated into the overall data sets?
   - ⇨ There needs to be more explanation of terms and acronyms used.
   - ⇨ More detailed, clearly delineated, breakout of data by numbers and percentages.
   - ⇨ How does SF's data compare other cities in Bay Area?
   - ⇨ It would be helpful to have data by age, race, and ethnicity in the presentation.
     - Including more data/information on the 30-40 age group.
   - ⇨ Was equal validity given to all studies, and if so is that a reasonable way to utilize data?
     - What were the criteria used to determine a study's validity?
   - ⇨ Which populations/BRPs were the most difficult to collect data on?
     - What can the HPPC do to make the data more accessible?
   - ⇨ Does this consensus data change the tiers of funding?
     - Are we aware of how federal funding is being allocated?
   - ⇨ What are the effects of the shift in ranking FSM on BRP 4?
     - How will actual new infections among FSM be impacted by the change in ranking?
   - ⇨ Is the increase in the MSM population due to generational changes?
     - If so, is a similar trend being seen nationwide?
   - ⇨ Are current prevention efforts reaching the people engaged in high-risk behavior?
   - ⇨ The presentation might have been clearer if the change in population data was presented first, rather than the change in the incidence rate.
2. What jumped out, was surprising, or is noteworthy?
   - ⇨ The changes in the understanding of the size of the transgender population.
     - Are the newer estimates dependable?
     - Will there be a similar adjustment in five years for having underestimated the population in 2006?
   - ⇨ The change in the Gay/MSM percentage of SF's demographics was surprising.
   - ⇨ The estimated number of new infections among MSM was surprisingly high.

- ⇨ Fifteen years ago the belief was that 50% of MSM in SF were HIV (+), it is surprising to find that the current estimate is 22%.

3. Does the consensus data reflect your experience? If so, how so? If not, what's missing? Are there other resources or data you know of that help fill the gaps?
   - ⇨ Reggie administration should be encouraged to provide data on a more data in a timely manner.
   - ⇨ What is the impact of how people gender self-identify, as well as how providers report gender, when estimating the size of the transgender population.
   - ⇨ How can the Council help get needed data to the SFDPH's HIV Surveillance Section?
4. This year the HPPC will be conducting a needs assessment. A needs assessment is a research project that looks at the unmet HIV prevention needs of a particular population and identifies prevention approaches that could be implemented to address the need.

Members were asked to submit their ideas on index cards for the Co-Chairs/Steering Committee's review and later discussion by the Council.

Willi McFarland's Preliminary Responses, included the following

- (Non-names) Data from private providers, and particularly from Kaiser, were made available and played a significant part in the consensus data.
  - ⇨ Private providers where particularly helpful in identifying trends and indicators.
- There were some studies that weren't used.
  - ⇨ Some studies, although published recently, actually reflected old and therefore not necessarily reliable data.
  - ⇨ Other excluded studies were so narrow in age, ethnicity, or neighborhood focus that he was uncomfortable extrapolating wider data from them.
  - ⇨ Cohort studies determining seroconversion, were not included, as this is no longer considered a valid method of determining incidence.
  - ⇨ On the other hand, the Kristen Clements-Nolle's study was in part used, although the data was old, it was among the only data available.
- If incidence among male IDU goes up their female partners are at greater risk, and this is reflected in the consensus data.
  - ⇨ However, the data indicates that female partners of MSM are at greater risk than male IDU, as the more significant risk is from sexual activity than needle sharing.
  - ⇨ Moreover, data also indicates that female partners of male IDU are most likely to also be IDU.
- There is little doubt that gender identification issues blur the data on the transgender population.
- Tracey Packer provided some clarification on the Plan's tiers and how that differs from the ranking shifts discussed in Willi McFarland's presentation. The BRP ranking is used for prioritizing populations. The HPPC uses "tiers" of funding percentages to plan funding. The HPPC will need to closely analyze the BRP ranking and current funding levels to determine the next steps.

As time was running out Tracey Packer explained that the discussion would continue at the next Steering Committee meeting (04/27/06). The attendees once again expressed their appreciation for Willi McFarland's presentation with applause.

HIV PREVENTION PLANNING COUNCIL
Minutes
April 13, 2006

New Business/Parking Lot
Deferred to the 05/11/06 Council Meeting.

Review and Approval of Minutes of February 9, 2006
There were no questions, comments, or corrections offered to the minutes. Motion was made and seconded to accept the minutes. No objections were raised. The minutes were approved with Ed Byrom abstaining.

Membership/Community Liaison Report: Recommendations for Attendance Policy for Community Members
Deferred to the 05/11/06 Council Meeting.

Summary, Evaluation, and Closure of Meeting
Tracey Packer noted that the evaluation forms are particularly important for this meeting, and reminded all members to fill them in. She added that members could include their ideas for needs assessment(s) to be conducted this year. The meeting adjourned at 6:01 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Lisa Reyes and Tracey Packer.

Reminders: The next HPPC business meeting, will be Thursday, May 11, 2006
Location: Quaker Meeting House, 65 Ninth Street, SF

HIV Prevention Planning Council Meeting
Thursday, May 11, 2006
3:00-6:00 pm

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Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III, and Tracey Packer

3:00 pm	**Welcome, Introductions, and Announcements**	**Gayle Burns & Native American AIDS Project Drumming Circle**
3:15 pm	**Review and Approval of Minutes of April 13 (Vote)** Objective: To discuss and approve the minutes from the most recent council meeting.	**Gayle Burns**
3:20 pm	**General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**Gayle Burns**
3:30 pm	**Member Response to Public Comment**	**All**
3:40 pm	**HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section.	**Gayle Burns**
3:50 pm	**HPPC Community Member Attendance Policy (Vote)** Objective: To discuss and vote on the HPPC Community Member Attendance Policy.	**Membership Committee**
4:05 pm	**Native American AIDS Project Presentation on the Rapid Assessment Process (RAP) on the Two-Spirit Community** Objective: To inform HPPC on the NAAP RAP that was prioritized by the HPPC.	**Joan Benoit, Native American AIDS Project (NAAP)**
4:35pm	**Break**	**All**
4:45 pm	**Presentation on HIV Prevention at the Native American Health Center** Objective: To inform HPPC members of prevention with positives in the Center of Excellence, the CDC-funded intervention, and rapid testing.	**Maritza Penagos, Native American Health Center**

5:05 pm	**Need Assessment Discussion (Possible Vote)** Objective: To prioritize area/topic for next HPPC needs assessment.	**Gayle Burns**
5:55 pm	**Summary, Evaluation, and Closure of Meeting**	**Gayle Burns**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Membership/CLC (2nd Monday): May 8 & June 12, 3:00-4:30 PM, 25 Van Ness Ave
San Francisco Leadership Initiative (4th Thurs): May 25 & June 22, 1:30-3:00 PM, 25 Van Ness
Points of Integration Btw Prev & CARE (1st Tues): June 6 & July 15, 3:30-5:30 PM, 25 Van Ness
Strategies & Interventions (1st Thurs): June 1 & July 6, 4:00-5:30 PM, 25 Van Ness Ave
Steering (4th Thurs): May 25 & June 22, 3:00-5:00 PM, 25 Van Ness Ave

Full Council: Thursday, June 8, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

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HIV PREVENTION PLANNING COUNCIL

Minutes

May 11, 2006

The next HPPC business meeting will be held on **Thursday, June 8, 2006**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St, San Francisco

Members Present:
Angie Baker
William Bland
Michael Cooley
Gayle Burns
Edward Byrom
Chadwick Campbell
Thomas Ganger
Dee Hampton
Emalie Huriaux
Matt Jennings
Janetta Johnson
Billie-Jean Kanios
Tom Kennedy
Thomas Knoble
Weihaur Lau
Joani Marinoff, Emeritus
John Newmeyer
Tei Okamoto
Tracey Packer
Colin Partridge
Ken Pearce
Perry Rhodes III
Chandra Sivakumar
Gwen Smith
Abbie Zimmerman

Members Absent:
Michael Discepola, Emeritus*
Isela Gonzalez*
Derrick Mapp
Gail Sanabria*
Frank Strona*
Michael Underhill

HIV Prevention Section:
Dara Coan
Vincent Fuqua
Guillermo Gonzalez
Ju Lei Kelly
Betty Chan Lew
Eileen Loughran
Lisa Reyes

Harder + Co.:
Aimee Crisostomo
Clare Nolan
David Weinman (Minute-taker)

Guests:
JV Aubrey, SFDPH
Michelle Bakken, Tenderloin AIDS Resource Center (TARC)
Joan Benoit, Native American AIDS Project (NAAP)
Randy T. Burns, Native American Health Center (NAHC)
Nathan Costello
Pete Geckeler
Johnson Livingston, NAHC
Aurora Mamea, NAHC
Nelson Jim, NAHC
Maritza Penagos, NAHC
Henry Fisher Raymond, HIV/AIDS Statistics & Epidemiology
Karen Saylors, NAHC
Alison Whitemore

Process Evaluation Team:
Kathleen Roe

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- *These members informed the Chair in advance of their absences.

Welcome, Introductions, and Announcements

Co-Chair Gayle Burns called the meeting to order at 03:05 PM. She welcomed attendees, noting that ordinarily this would be Perry Rhodes III's turn to facilitate, however because of the agenda's content, they traded duties. She asked attendees to introduce themselves and make announcements.

- Emalie Huriaux announced that she attended the International Harm Reduction Conference, is in the process of writing up her notes and will share them with interested members.
- Abbie Zimmerman reminded members of the email that was distributed regarding intern positions available at Huckleberry's Cole Street Clinic for peer health educators.
- Janetta announced that the annual June Tranny Week Festival is approaching. More information will follow.

- Weihaur Lau reported that he will going back to Malaysia because his father is ill. He expressed concern that he may not be able to reenter the US.
  - He added that it has been his "profound pleasure" to have worked with the HPPC and that he hopes that he can return to continue his work.
  - ⇨ Gayle Burns asked that he let the Council know what it can do for him and it will make every effort to help.
- Joani Marinoff made these announcements:
  - ⇨ Information was made available outlining classes at SF City College in the HIV program;
  - ⇨ There would be Hepatitis A, B, & C classes at SF City College again this summer; and
  - ⇨ She is organizing a focus group for those who are doing case management.
    - Contact her for more information on any of these offerings.

Gayle Burns observed that a little more than a year ago Council member Chata Ashley passed away, and last year Mike Pendo, a member of the HPS professional staff, also passed away. In remembrance of these colleagues, all those who have worked on HIV prevention and have been lost, as well as all the work done by members and professional staff she invited members of the Native American Health Center (NAHC) to perform. She introduced Nelson Jim, Aurora Mamea, Karen Saylors, Johnson Livingston, and Nathan Costello to perform the '*Honor Song.*'

- Nathan provided background on the '*Honor Song,*' including that it is an observance of all aspects of nature, things that people can not live without, including the sky and mountains, but also the elements and the seasons. This song is about the four directions as well as the healing and blessings that come from people's voices.

After the performance of the *'Honor Song'* Council members and all in attendance expressed their appreciation with applause.

Gayle Burns pointed out the index cards distributed and encouraged members to use these for questions and comments explaining that the Steering Committee and the Co-Chairs will review these cards and report back to the Council.

Review and Approval of Minutes of April 13

Motion was made and seconded to approve the minutes of the 04/13/06 meeting. No changes or objections were raised. The minutes were approved without abstention.

General Public Comment

- Randy Burns distributed flyers entitled, "*Shake The Feathers,*" announcing events sponsored by NAHC on Friday 06/23/05, in conjunction with LGBT Pride week celebration.
- Henry Fisher Raymond from the HIV/AIDS Statistics & Epidemiology of the AIDS Office announced that the next nationwide Behavioral Surveillance study will soon launch and will look at sexual behavior among high-risk heterosexuals living in high risk areas. He reminded council members that every year, the target populations change. The last cycle included transgender male to females. And, that next year, the focus will be on gay men.
  - ⇨ This will enable an examination of a rarely studied population as well as provide an opportunity to compare SF's results with those of the 24 other participating cities.
  - ⇨ People interested in participating in this study should contact him directly.

Member Response to Public Comment

- Thomas Ganger, asked what it mean to live in a high-risk area.
  - ⇨ Henry Fisher Raymond explained that, although it may be fallacious, the CDC considers areas with both high levels of poverty and high prevalence of HIV to be "high risk."

HPPC Co-Chairs/Steering Committee Written Report

Gayle Burns introduced Dara Coan with an update to the written report previously sent to all members. Dara Coan's comments included the following.

- A surveymonkey from will be sent to all members from UCHAPS (Urban Coalition of HIV AIDS Prevention Services) regarding the Performance Evaluation Measurement System (PEMS).
  - ⇨ The surveymonkey seeks to get feedback from community providers so that PEMS can be discussed at the upcoming HIV Prevention Leadership Summit (HPLS).
- She noted that some standardization of surveymonkey surveys is underway including that all future surveys will include in the email's *'Subject'* line what is being surveyed, when it is due, and how long it will take for users to complete.
- She also distributed the document entitled, "*Follow Up Plan for 2005 Committee Work*," copies of which are available for absent members upon request.
  - ⇨ She explained that this outlines action being taken on recommendations from 2005.

Gayle Burns asked if all members got copies of the written Co-Chairs' report. She clarified that UCHAPS will meet in Dallas 06/03-04/06, with the HPLS meeting the remainder of that week, also in Dallas.

HPPC Community Member Attendance Policy

Gayle Burns introduced Chadwick Campbell who conducted the presentation entitled, "*Community Member Attendance Policy*" copies of which had previously been sent to all members.

- Chadwick Campbell highlighted that when there is a high volume of absences among Committee members work is delayed because quorum is defined as one half plus one of voting members and without quorum action can not be taken.
- He then reviewed the text of the proposed policy, after which the floor was open to comments and questions. He noted that this policy is parallel to the attendance policy for HPPC members.

Comments and Questions

Significant discussion followed about the wording and/or meaning of the proposed policy, particularly regarding the following issues.

- If a Community Member losses her/his voting privilege:
  - ⇨ On, or after, their third absence;
  - ⇨ After their second and on their third absence;
  - ⇨ On their fourth absence, after their third; or
  - ⇨ As a result of three overall absences.
- Inconsistency in the wording of the presentation and the printed version of the policy distributed at the meeting entitled, "*Committee Meeting Attendance: Community Members*."
- The desirability of accommodation for absences due to health issues related to HIV.

- The number of maximum/minimum meetings required; including the total number of meetings per term (per year).
- Community Members' participation in the establishment of this attendance policy.
  ⇨ Noting the Council's responsibility to set and amend Committees' policies and practices.
- It was highlighted that Committees have a lot more Community Members this year than in the past, in some cases comprising the majority.
- The necessity/desirability of the policy for Community Members being consistent with the policy for Council Members.
- Whether members of the community would be reluctant to participate in Committees with the proposed restrictions.
  ⇨ And/or would members of the community participate without voting privilege.
- Consistency in use of nomenclature of 'Committee' as opposed to 'Sub-Committee.'
- Desirability of policies written in simple, rather than compound sentences.

Several amendments were proposed and seconded. All were withdrawn without a vote.

It was moved and seconded that the policy be returned to the Membership/Community Liaison Committee for further review and clarification. The motion passed by consensus.

Native American AIDS Project: Presentation on the Rapid Assessment Process (RAP) on the Two-Spirit Community

Gayle Burns introduced Joan Benoit, Executive Director of the Native American AIDS Project (NAAP). Her presentation entitled, "*Native American Risk Assessment,*" had previously been sent to all members. Her additional comments included the following.

- Slide 2 - The notation that the NAAP recently became an independent non-profit organization was met with applause.
- Slide 3
  ⇨ The MSM group has two drumming circles per week, which includes instruction in singing.
  ⇨ They have a Transgender group that meets weekly.
  ⇨ Their Women's program includes recovery services.
  ⇨ At powwows they display an eagle statue commemorating all those who have fallen from AIDS for the duration of the event, focusing attention on its impact in this community.
  ⇨ The HIV Direct Services are provided under two contracts, the first a collaboration with the NAHC, and the second funded by SFDPH.
  ⇨ The Peer advocacy program includes:
    - Home and hospital visits;
    - Working on end-of-life issues, particularly those dealing with home and family; and
    - Ensuing that, where possible, people with AIDS get to their home reservation before they die -- and with certainty after they die.
- Slide 4
  ⇨ None of the assessment's participants were clients of NAAP, all were recruited.
  ⇨ There are over 100,000 Native Americans in the Bay Area, although they tend to be invisible due to the large Latino community and may identify or be identified as Latino) and because they tend to be very mobile.
- Slides 5 & 6

- ⇨ Native Americans have the lowest per capita income, the highest unemployment rate, and the highest school dropout rate of any population in the country.
- ⇨ Poverty, unemployment, and homelessness have been shown to be a link to HIV infection, and low income is connected to lack of primary healthcare and prevention services.

- Slide 7
  - ⇨ Native Americans tend to migrate frequently between their home reservations and urban centers for a number of reasons, including: travelling the "Powwow Highway;" visiting family; attending ceremonies; looking for work; and returning home when sick.
  - ⇨ Circular migration tends to promote disease transmission.
  - ⇨ Participants of mixed Native American and Latino blood (28%) often identify, or are identified, as Latino causing confusion in the provision of healthcare services.
- Slide 8 - 90% of housed HIV (+) Native Americans live in Single Room Occupancy (SRO) facilities.
- Slide 8 & 9 - 54% of those who reported living on the streets, or in a park, had also used injection drugs in the past year.
  - ⇨ According to the SF Prevention Plan, Native American IDU have a higher risk of infection and seroconvert at the highest rate of any population or ethnic group.
- Slide 9 - More participants indicated that they use marijuana then those who indicated that they used it recreationally, because many people look at marijuana as medical.
- Slide 15 - nationwide the CDC reports that Native Americans have the highest or second highest rates of Gonorrhea, Chlamydia, and Syphilis than any other group.
- Slide 17 - Accurate information on ethnicity isn't being captured because it isn't asked, or isn't asked for at a sufficient level of detail.

Comments and Questions (by topic)

In General

- In response to a question Gayle Burns explained that powwows are cultural gatherings for people who are no longer living in reservation, and are open to the public.
  - ⇨ There are groups of people who travel from one powwow to the next (referred to as "*Travelling the Powwow Highway*") performing and selling arts and crafts.
  - ⇨ During after hours there is a lot of socializing, drinking, drugs and sexual activity.
  - ⇨ Joan Benoit added that there is a lot of 'snagging' at these events because Native Americans don't date within their own clans - often not even within their tribe.
    - She added that traditionally powwows were the proper setting to meet people outside of one's clan.
- Tom Knoble asked how it is possible that race and ethnicity is not being asked in SF.
  - ⇨ He added that programs aren't supposed to be funded without gathering that data.
  - ⇨ Joan Benoit noted that based on what a client looks like program workers often assume the client's race/ethnicity rather than asking.
- Thomas Kennedy said that his understanding of being Two-Spirit referred to gender identification rather than sexual orientation.
  - ⇨ Joan Benoit explained that traditionally the concept of sexual orientation didn't exist, one's identity was based on the roles one fulfilled within the group.
    - In way of example, a woman may choose the role of a warrior, live as man, and have a wife, who would retain her identify as a woman

- ⇨ About 15 years ago the term Two-Spirit started being used as a way of including traditional role-based identity and also to unify the LGBT community.
  - She noted that the term is rarely used among Native Americans, adding that in some tribes having two sprits in one body isn't a good thing.
- Responding to Emalie Huriaux Joan Benoit noted that it is important for most urban Native Americans to be reintroduced to their culture.
  - ⇨ She noted that NAAP's HIV prevention contract has provision for some cultural reintroduction.
- Emalie Huriaux asked about harm reduction messages in regards to alcohol and substance use.
  - ⇨ Joan Benoit explained that most services to the population are abstinence based, and that in the past harm reduction has been viewed as enabling.
    - However, harm reduction is beginning to be recognized as a valuable tool, including increased use as a means to get people into substance use treatment.

Condoms

- Michael Colley asked if there was a difference in condom use among HIV (+)/(-) Native people.
  - ⇨ Joan Benoit said that she believes there is but also highlighted that there is a high percentage of substance use among the HIV (+) and where there is substance use there is sexual risk behavior.
- Ju Lei Kelly asked about the availability of condoms at powwows and on reservations.
  - ⇨ Jean Benoit explained that NAAP and others extensively cover local powwows; she was not, however, sure about condom availability in reservations.
  - ⇨ Gayle Burns added that is has been very difficult getting condoms into the reservations, although it is getting better.
  - ⇨ Joan Benoit noted that traditionally Native Americans don't talk about sex, except when making a joke.

RAP Methodology

- In response to William Bland's questions about the study's methodology Joan Benoit provided this background:
  - ⇨ Collecting the data took about three months;
  - ⇨ Participants were given a $20 stipend;
  - ⇨ Interviewers were hired that were not associated with NAAP or with the Native American LGBT community;
  - ⇨ To promote openness interviews were conducted in the evening;
  - ⇨ Street outreach and collaboration with other agencies were used for recruitment; and
  - ⇨ They didn't advertise at powwows because they wanted the study to be SF based.
- Colin Partridge asked if the RAP was representative of the larger community.
  - ⇨ Joan Benoit explained that they feel the data is reliable, particularly as all tribes were fairly represented.
  - ⇨ She noted that that the RAP also had representation from transgender people, a difficult group to recruit.
  - ⇨ She added that there is very little information available on Native American women.

- In response to Colin Partridge's question Joan Benoit said that one would expect to see significantly different results between various tribes.
- Chandra Sivakumar asked if this methodology could be used on the reservations.
  - ⇨ Joan Benoit explained that although it is outside of NAAP's purview, other agencies have been CDC funded to test this method on some reservations; if it proves effective it will be applied more widely.
- Responding to Ken Pearce's question, Joan Benoit explained that 94% of the study's participants had previously been tested (Slide 17).

The Boarding Schools

- William Bland asked for an explanation of the boarding schools.
  - ⇨ Joan Benoit explained that they were designed to assimilate Native American children into the white culture, and at one time were mandatory.
    - At these schools children could not speak their native language and were not allowed home visits.
  - ⇨ She noted that there are still a lot of them in existence, mostly religiously based, and usually targeting the very poor.
    - She explained that many Native Americans are so poor that they are confronted with the choice of losing their children to the Foster Care system, or sending them to these boarding schools.
  - ⇨ She noted that assimilation is less overt than in the past and most offer summertime home visits.
  - ⇨ She pointed out that this is one of the reasons that so many Native Americans can no longer speak their native language, and do not know their cultural traditions.
    - And she noted that these boarding schools have often been the site of sexual abuse.
- Emalie Huriaux asked if data is available about the number of Native American people who had been in boarding school programs.
  - ⇨ Joan Benoit said that studies have determined that about 25% had been in a program.

Sexual Assault

- Thomas Knoble asked for clarification about the cultural aspects of sexual assault.
  - ⇨ Joan Benoit explained that there are a lot of cultural components to this including the large number of Native American children who had been in boarding schools, as well as the environment itself: often rural, with a lot of substance abuse, and lots of violence.
- Emalie Huriaux asked what is needed to help people work through issues of historical and personal trauma, including discrimination, hatred, and sexual assault.
  - ⇨ Joan Benoit highlighted the importance of culturally appropriate counselors.
- Tei Okamoto asked about the effects sexual abuse has on the individual's ability to set limits and sexual negotiation skills.
  - ⇨ Joan Benoit explained that it takes counselors years to rebuild self-esteem among those who have been abused, and that self esteem must be addressed before one can deal with substance and condom use issues.

The attendees expressed their appreciation for Joan Benoit's comments with applause.

HIV PREVENTION PLANNING COUNCIL
Minutes
May 11, 2006

Presentation on HIV Prevention at the Native American Health Center

Gayle Burns introduced Maritza Penagos from the NAHC. Her presentation was entitled, "*Circle of Healing.*" She provided a background on NAHC's programs including the following.

- NAHC is a Community Based Organization (CBO) founded in 1972.
- It is one of the largest urban CBOs serving urban Native Americans, with clinics in Oakland, Sacramento, Santa Barbara, and SF.
- Their HIV services program, called "*Circle of Healing,*" is headquartered in SF.
  - ⇨ The term comes from the concept of having balance in one's life.
- NAHC is a Native American Center of Excellence (COE) for the provision of HIV services.
  - ⇨ Psychiatric services are provided in collaboration with SF City Clinic Consortium.
  - ⇨ They contract with NAAP who provides peer advocacy and mental health services.
  - ⇨ They collaborate with the Friendship House, which provides residential treatment.
- NAHC and the Friendship House are doing a five-year Special Project of National Significance (SPNS) with the mission of providing wraparound, wholistic, culturally appropriate services for Native Americans with HIV.
  - ⇨ They have 55 clients enrolled in the SPNS project, including:
    - 48% reporting active substance abuse;
    - 44% having CDC defined AIDS; and
    - A large percentage who are homeless.
- They offer various programs to their HIV (+) and high risk clients including: culturally traditional healing services; weekly shared meals; community outreach cultural events; and weekly message therapy.
- Their CDC funded initiatives include:
  - ⇨ Prevention case management provided by their Wellness Support Counseling program;
  - ⇨ HIV testing using Rapid Testing; and
  - ⇨ A Prevention with Positive (PWP) program, "*The Partnership for Health*" that takes place in a medical setting and in which participants are given a three to five minute consequence-framed prevention message.
- The NAHC's target populations are MSM, MSM/IDU, IDU, high risk people who are HIV (-) or of unknown status, and HIV (+) Native Americans & their partners.
- They also serve a lot of non-Native high risk people at their clinic.
- They utilize a three pronged approach to outreach as follows.
  - ⇨ Conventional street outreach such as -- shelters, participation in the Community Plan Mobile Outreach Van, Needle Exchange, and in conjunction with other agencies.
  - ⇨ Drop In Center that is welcoming, and where many of their community events are held.
  - ⇨ Community Events include: monthly HIV Prevention Workshops, a condom distribution program, a life quilt project, traditional story telling, the "*Voices of Bravery*" program that involves making and wearing tee-shirts with HIV prevention messages, and others.
- NAHC's Prevention Case Management (PCM) includes:
  - ⇨ A program called, "*Wellness Support Counseling*" (WSC), an adaptation of the CDC's model, which was not culturally appropriate.
  - ⇨ Risk Reduction Assessment at Friendship House that provides them with the opportunity to introduce new clients to PCM/WSC; and
  - ⇨ Participation in the Forensic AIDS Project until that program lost funding.
- Highlights of NAHC's HIV Counseling, Testing & Linkage (CTL) include:

- ⇨ Counselors that are certified testers;
- ⇨ A very successful drop-in testing site at NAAP;
- ⇨ Implementation of Rapid Testing in June 2005 with the help of the HPS; and
- ⇨ Extending off-site testing at Friendship House, and expanding to their other facilities.

- HIV Testing statistics include:
  - ⇨ 246% increase in testing since inception, five years ago;
  - ⇨ 50% of all confirmed HIV (+) are Native American; and
  - ⇨ The leading risk factors for those testing HIV (+) are MSM, MSM-IDU, and IDU.
- The "*Partnership for Health*" program involves training their medical provider(s), which was fairly easy as their provider(s) had long been giving HIV prevention messages.
  - ⇨ An audit found an average of two prevention messages per year per client.
  - ⇨ Many of their clients, however, come in only for critical care, not routine healthcare, and prevention messages are not as effective a critical care setting.
    - Counselors are being trained to explain the importance of regular healthcare.
- NAHC has gotten a lot of capacity building assistance.

The attendees expressed their appreciation for Maritza Penagos' presentation with applause.

Comments and Questions

- In response to Janetta Johnson's question Maritza Penagos said that Friendship House is approximately 50% Male/50% Female.
- Responding to Thomas Knoble's question she explained that currently NAHC is conducting local off-site testing at Friendship House and NAAP and hopes to expand to powwows and others venues.
- Ken Pearce noted that as a result of the PWP Committee work (a joint committee of the HPPC and CARE Council) HIV prevention services were written into the COE grant.
- In response to a question Billie Jean Kanios provided explanation of the COEs, including: they provide of the highest level care, that there are seven of them, they are currently in their first year of operation, and they offer a full complement of wrap around services.

The attendees again expressed their appreciation to Maritza Penagos with applause.

Need Assessment Discussion

Co-Chair Gayle Burns, Dara Coan of HPS, and Clare Nolan of Harder & Co conducted the presentation entitled, "*2006 Needs Assessment*." Copies of the presentation had previously been sent to all members. In addition to the printed information their comments included the following.

- Slide 6 - Dara Coan noted that she has worked on many of assessments for the HPPC.
  - ⇨ She pointed out that the RAP discussed by Joan Benoit was prioritized by the HPPC
- Slide 7 - This assessment was the first done on the men who have sex with MTF transgender population and the research was later published.
- Slide 11 - There was a Council presentation about the FTM population a couple of years ago that raised a lot of question, but there is little research literature on this group.
- Slide 12 - Copies of the full list entitled, "*Needs Assessment Ideas*" had been sent to all members (document name: Summary for 5-11 Council.doc) in advance of the meeting.

Comments and Questions (by topic)

In General

- Janetta Johnson asked if the list in the Needs Assessment Ideas document (the Ideas document) is comprehensive.
  - ⇨ Dara Coan explained that the Ideas document outlines all of the groups members have suggested directly or through the Committee process.
- Billie Jean Kanios asked if the report about men who have sex with MTF is available and was told that a copy would be emailed to her and to other members upon request.

Research Literature

- Ken Pearce asked if it is valid to look at only local studies, and if consideration should be given to studies conducted in other locations.
  - ⇨ Clare Nolan explained that local studies are highlighted because in many cases national data, and data from other areas, is not relevant to SF.
- Clare Nolan and Dara Coan reviewed the Short List populations as regards research literature available, including the following.
  - ⇨ Late testers have not been extensively studies nationally.
  - ⇨ IDU has been widely studied, but looking at something like whether this group's prevention needs have been met by current SF services could yield valuable data.
  - ⇨ FTM who have sex with MSM is a group about which little data has been collected.
  - ⇨ Youth has been widely looked at, and to get useful information the topic needs to be made much more specific, including the suggestions made by the 2005 Youth Committee.
- Tei Okamoto asked if members could access a more comprehensive list of local studies.
  - ⇨ Dara Coan noted that compiling a list of all research available would not be practical, due to the vast amount in San Francisco, but in the surveymonkey the groups would be narrowed, and that once a group is chosen the available literature will be reviewed.

Short List Suggestions

Perry Rhodes III explained that the Ideas document was compiled so members could review all of the suggestions members have aired in a single list. Clare Nolan added that the Short List highlights the items that have had the most energy and discussion.

Late-testers

- Angie Baker clarified the definition of a late tester is a person who had their first HIV test within one year of being diagnosed with AIDS (as per the CDC definition).
- Abbie Zimmerman asked if the issue to be voted on would be the whole set of late-testers or one or two subsets of that group.
  - ⇨ Dara Coan explained that the research question would be refined later in the process, as below.
- Ken Pearce noting that this group crosses many age groups, BRPs, and ethnicities.
  - ⇨ He also highlighted the advantages of providing services early rather than later.
- Joani Marinoff noted that because late-testers are found in so many populations it would be difficult to gather useful information on specific groups.
- William Bland observed that the data he has seen about late-testers indicates that they are largely people of color, and that looking at only the Late-testing component of those communities may not provide meaningful information.

- Clare Nolan noted that an assessment of late-testers might look at things people have in common such as economic status.
- Janetta Johnson asked what strategies could be used to locate late-testers.
  - ⇨ Claire Nolan suggested talking with people who had recently seroconverted.
  - ⇨ She added that these people could be identified and reached through testing agencies.
- Responding to Dee Hampton's question Dara Coan indicated that about 40% of new AIDS diagnosis in SF are late-testers, but that she was not sure of its ethnic composition.

IDU

- Emalie Huriaux suggested that what is needed for IDU, including service gaps and which services are needed, is well known, so the Council shouldn't duplicate what is already known.
- Dara Coan noted that an IDU research inventory is currently underway.
- Joani Marinoff pointed out that while there is much known about IDU, it doesn't seem to be known how to get the group's incidence lower.

FTM who have sex with MSM

- Tei Okamoto asked if the most recent data on FTM Transgender guys is from 1999.
  - ⇨ Dara Coan said there are some more recent studies not included in the Ideas document.
- Janetta Johnson noted that it would be difficult to find members of this group.

Youth

- Michael Cooley noted that the Connect to Protect Committee is looking at why youth aren't getting tested and suggested looking at something else, because that Committee is exploring this population's needs.
- Weihur Lau suggested that Asian & Pacific Islander youth is very much under the radar and would like to see that be addressed.

Other (Non-Short Listed) Population Suggestions

- Dee Hampton suggested focusing on African American MSM, which is a population with particularly high incidence.
- William Bland advocated for African American MSM who nationally comprise 46% of the total incidence and in SF about 33%.
  - ⇨ He added his concern that that there hasn't been a response from SFDPH or the prevention community to this high rate of incidence.
- Janetta Johnson highlighted her current work on long-term AIDS services with the MTF population and has noticed that nearly half of their support group is men who have sex with MTF
  - ⇨ She suggested assessing how to provide culturally competent services to this population, highlighting that their needs are not being addressed and are unique.
- Billie Jean Kanios also advocated for men who have sex with MTF, noting that a MTF group she works with has also adopted men who have sex with MTF as there was no specific group for them to go to.
- William Bland said that there seems to be an interest in looking at smaller populations of which little is known, however, if the objective is to impact HIV the Council should be looking at the first BRP (MSM) as there remains a lot unknown about that population.

Process

- In response to a question Dara Coan explained that the vote will be for only one assessment.

- She also explained that Harder & Co will review available literature and in conjunction with the Membership Committee would formulate a research question.
- William Bland suggested taking some ideas off the list so as to narrow the voting.
  - ⇨ Dara Coan explained that the process agreed upon was to leave everything on the list, and priority will be established by response to the surveymonkey.
    - She noted that the Steering Committee will review results and narrow the list to no more than three proposals for the Council's vote.
- In response to Dee Hampton's question Dara Coan explained that the surveymonkey is not a vote but a way of getting members' input.
- Tracey Packer reminded the Council about the purpose of a identifying assessment.
  - ⇨ Appropriate mechanisms to address populations that are under or inappropriately served, or that need more focus and attention.
  - ⇨ She commented that in June the Council will review how the funding is being applied, and can make recommendations regarding allocation to gather data about a group which the HPPC has less information.
- Joani Marinoff expressed concern that without knowing which groups have been researched it is difficult to determine how useful a study might be.
  - ⇨ Dara Coan explained that Harder & Co and the Membership Committee would refine the parameters so as to have as large an impact on prevention as is reasonable.
  - ⇨ Clare Nolan added that concerns could be brought up at the Membership Committee meetings, which are open to everyone.
- In response to William Bland's suggestion Dara Coan indicated that a BRP overlay would be applied to the surveymonkey list.
- Abbie Zimmerman noted that most members either work with, or feel strongly about one population or another making a decision somewhat difficult.
  - ⇨ Dara Coan suggested that the role of the HPPC when providing feedback on the surveymonkey, or other situation, members should focus on what is most needed in the whole of SF.
  - ⇨ Tracey Packer added that the HPPC's job is to look at the big picture of HIV prevention in San Francisco.
- Gayle Burns suggested that members review all of the needs and gaps that have been discussed at Council meetings over the past few years.
- Responding to William Bland's question Dara Coan said that if the issue is about programs not meeting the known needs of identified at-risk populations, or prioritizing services, it would be better addressed in Committee work.
- Thomas Knoble observed that the needs assessment is an opportunity to look at populations that aren't usually represented at the Council such as groups further down on the BRP list.
- In response to William Bland's question it was noted that the HPPC does not allow proxy voting.

Claire Nolan summarized by observing that the choice of which group to look at might be simplified by the criteria members use to evaluate the options. She suggested making the choice based on which would have the greatest impact, rather than the size of the groups, the need for evidence to support a funding or priority change, or the group that least is known about.

The attendees expressed their appreciation to Gayle Burns, Dara Coan, and Clare Nolan with applause.

Summary, Evaluation, and Closure of Meeting

Gayle Burns reminded member to fill in the evaluation form. She also thanked Betty Chan Lew for the refreshments. The meeting adjourned 6:00 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Lisa Reyes and Tracey Packer.

Reminders: The next HPPC business meeting, will be Thursday, June 8, 2006
Location: Quaker Meeting House, 65 Ninth Street, SF

HIV Prevention Planning Council Meeting
Thursday, June 8, 2006
3:00-6:00 pm

Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

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Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, and Announcements**	**Perry Rhodes III**
3:10 pm	**Review and Approval of Minutes of May 11th (Vote)** Objective: To discuss and approve the minutes from the most recent council meeting.	**Perry Rhodes III**
3:15 pm	**General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**Perry Rhodes III**
3:25 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section.	**Perry Rhodes III**
3:40 pm	**Robert Rules of Order Training** Objective: To support the principles of parity, inclusion and representation, this training will provide all HPPC members with an overview of Roberts Rules of Order.	**Travis Barrick** **Parliamentarian**
4:10 pm	**Need Assessment Discussion (Vote)** Objective: To prioritize area/topic for a needs assessment to inform the HPPC about important HIV prevention issues.	**Perry Rhodes III**
4:30pm	**Break**	**All**
4:40 pm	**HIV Prevention Funding 2006** Objective: To provide an overview of the process for implementation of the HPPC's priorities and to present the current funding of HIV prevention programs in San Francisco	**Marise Rodgriguez** **HIV Prevention Section**
5:40 pm	**Cooperative Agreement Overview** Objective: To provide an overview of the requirements for the annual application to the Centers for Disease Control and Prevention (CDC)	**Tracey Packer,** **HIV Prevention Section**
5:55 pm	**Summary, Evaluation, and Closure of Meeting**	**Perry Rhodes III**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Membership/CLC (2nd Monday): June 12 & July 10, 3:00-4:30 PM, 25 Van Ness Ave
San Francisco Leadership Initiative (4th Thurs): June 22 & July 27, 1:30-3:00 PM, 25 Van Ness
Points of Integration Btw Prev & CARE (1st Tues): June 6 & July 15, 3:30-5:30 PM, 25 Van Ness
Strategies & Interventions (1st Thurs): July 6 & August 3, 4:00-5:30 PM, 25 Van Ness Ave
Steering (4th Thurs): June 22 & July 27, 3:00-5:00 PM, 25 Van Ness Ave

Full Council: Thursday, August 10, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

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HIV PREVENTION PLANNING COUNCIL

Minutes

June 08, 2006

The next HPPC business meeting will be held on **Thursday, July 13, 2006**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St, San Francisco

Members Present:
Gayle Burns
Edward Byrom
Chadwick Campbell
Michael Cooley
Thomas Ganger
Isela Gonzalez
Dee Hampton
Emalie Huriaux
Matt Jennings
Janetta Johnson
Billie-Jean Kanios
Tom Kennedy
Thomas Knoble
Derrick Mapp
John Newmeyer
Tei Okamoto
Tracey Packer
Colin Partridge
Ken Pearce
Perry Rhodes III

continued...
Chandra Sivakumar
Gwen Smith
Frank Strona
Abbie Zimmerman

Members Absent:
Angie Baker*
William Bland*
Michael Discepola, Emeritus
Weihaur Lau*
Joani Marinoff, Emeritus
Gail Sanabria*

Harder + Co.:
Aimee Crisostomo
Clare Nolan
David Weinman (Minute-taker)

Process Evaluation Team:
Kevin Roe

Guests:
Michelle Bakken, TARC & CARE Council
Travis Barrick, Parliamentarian
Steffanie Goodman, UCSF - Staying Well Study
Nikki Humes
Fred Lopez, SF LGBT Community Center
Eiko Sugano, UCSF - CZP

HIV Prevention Section (HPS):
Dara Coan
Art De Guzman
Vincent Fuqua
Alice Heimsoth
Ju Lei Kelly
Betty Chan Lew
Israel Nieves-Rivera
Lisa Reyes
Marise Rodriquez

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- *These members informed the Chair in advance of their absences.

Welcome, Introductions, and Announcements

Co-Chair Perry Rhodes III called the meeting to order at 03:05 PM. After welcoming attendees he observed that 06/05/2006 was the 25th anniversary of the first diagnosed case of AIDS. He asked attendees to join him in a moment of silence commemorating those who are no longer present. He then asked attendees to introduce themselves and make announcements.

- Matt Jennings asked if any attendees would object to Alice Heimsoth taking photographs for use on the HPPC's website. No objections were offered.
- Thomas Knoble announced a Town Hall meeting at the Lesbian, Gay, Bisexual & Transgender (LGBT) Center regarding serostatus disclosure later that evening 06/08/06.
- Frank Strona announced that the California HIV/AIDS Planning Group (CHPG) will meet in SF on the 06/21-22/2006, and that public comment will be heard on the 22nd.
  - ⇨ He explained that this is an opportunity for members to express personal, community, or organizational concerns to this statewide group and encouraged members to participate.
  - ⇨ More information can be found at '*www.cahivplanninggroup.org*'.

- Derrick Mapp distributed packages of information from Shanti entitled, "*An Evaluation of the L.I.F.E. Program,*" copies of which are available to absent members upon request.
  - ⇨ The information included are the results of two evaluation studies, the first in conjunction with the State Office of AIDS and the second done internally looking at the effectiveness of the project as a Prevention With Positives (PWP) program.
  - ⇨ These are early releases of the studies. Currently the CDC is reviewing it as a Diffusion of Effective Behavioral Interventions (DEBI) program to be rolled out nation-wide.
  - ⇨ He asked that questions and suggestions be directed to him.
- Emalie Huriaux announced that on 06/28/06 there will be a free training to help drug users know their rights when dealing with the law and law enforcement.
- Chandra Sivakumar announced that Larkin Street Youth Services is launching a social marketing campaign, copies will be made available at the next Council meeting (07/13/06).
- Michael Cooley announced that the Stop AIDS Project will conduct the African-American PLUS program this coming weekend (06/10-11/06).
  - ⇨ Members should contact him for information about future programs.
- Janetta Johnson distributed flyers announcing the, "*7th Annual TRANNY WEEK Celebration,*" 06/12-16/06, copies of which are available to absent members upon request.
  - ⇨ She highlighted that on Wednesday 06/14/06 there will be a Job / Educational Fair.
  - ⇨ She asked members to encourage their Transgender clients to participate.
- Billie Jean Kanios announced as a result of the recent HIV Prevention Leadership Summit (HPLS) in Dallas a national Task Group has formed for dissemination of Best Practices for HIV prevention among Transgender populations.
- She then announced a fundraising event with Assembly Member Mark Leno, State Senator Carole Midgen, Supervisor Tom Ammiano, and others Sunday 06/11/06.
- She also announced the Trans March 06/23/03 at around 3:00PM beginning at Dolores Park.
  - ⇨ Volunteers are needed, contact her for more information.
- Perry Rhodes III noted a correction to the agenda, the Points of Integration meeting should read as scheduled for 07/11/06. The correction will be posted on the HPPC website.
- Lisa Reyes distributed cards from the Pharmacy Syringe Access Program entitled, "*You Can Buy Syringes Without a Prescription,*" copies are available to absent members upon request.
- Susan Latham from the San Francisco HIV Health Services Planning Council (the CARE Council) announced a Community Forum the Metropolitan Community Church (MCC) 06/22/06 from 5:00-7:00PM, more information available at the website '*www.sfcarecouncil.org.*'

Review and Approval of Minutes of May 11th

Motion was made and seconded to approve the minutes of the 05/11/06 meeting. Israel Nieves-Rivera noted the correct spelling of Michelle Bakken's name and noted that the final version will reflect this correction. No other changes were offered. The minutes were approved.

General Public Comment

Steffanie Goodman from the UCSF Staying Well program distributed a flyer and cards entitled, "*Are you HIV+ and not taking meds, but trying to STAY WELL?*" copies are available to absent members upon request. She also provided some background on the program including the following.

- The program is looking at how medications affect people's health and their quality of life.
- There will be a free informational evening event 06/28/06 at 7:00-8:30PM.

HIV PREVENTION PLANNING COUNCIL
Minutes
June 08, 2006

Member Response to Public Comment

There was no member response to Public Comment.

HPPC Co-Chairs/Steering Committee Written Report

Perry Rhodes III asked for comments and questions regarding the written report that was sent to all members in advance of the meeting. He then noted that there is new leadership at the CDC and expressed cause for encouragement.

Robert Rules of Order Training

Perry Rhodes III introduced Travis Barrick who provided information on his background including:

- He has been a professional Parliamentarian since 1997;
- He has been an attorney since 2003;
- He specializes in Roberts Rules of Order for boards and councils; and
- He works primarily with the group decision-making process; a difficult task, however, there is a magic moment when a group reaches consensus and moves forward.

His introductory remarks also highlighted the following.

- Roberts Rules of Order are meant to facilitate action, not to regulate/restrain the process.
- His goal in providing an understanding of Roberts Rules is to help the HPPC perform the tasks and make the decisions it is charged with.

He distributed a document entitled, "*Robert's Rules of Order - Basic Definitions and Rules,*" copies of which had previously been sent to all members. His additional comments included the following.

- Quorum - premise of which is that the majority rules and is empowered to make decisions.
  - ⇨ The minority is given the right to argue its position.
  - ⇨ When a decision is reached, the minority is "*morally obligated*" to support it.
    - Individuals disagreed by the decision should not disparage it, but rather work to change the majority's view for future decisions.
  - ⇨ Respect for the rule of the majority tends to downplay factionalism.
- Abstention - and '*Recusal*' do not count in the vote total.
  - ⇨ Recusal only makes a difference in a judicial body.
  - ⇨ There is no effective difference between recusal and abstention in a body such as HPPC.
  - ⇨ An abstention is counted in the same way as an absent member whose vote is not part of the total cast in regards to a motion.
    - Contrary to some conceptions, an abstention is not counted as a 'No' vote.
  - ⇨ The only valid purpose of an abstention is when there is conflict of economic interest.
  - ⇨ According to Barrick, if one wasn't present for part of the debate rather than abstaining the member should do her/his homework and vote.
    - Abstention is a way of "*Chickening out*" of group decision making process, as it means that the member is either irrelevant, or hasn't done his/her work.
  - ⇨ It is permissible to vote on Council minutes even when the member was absent, as the member should have reviewed, and questioned were necessary, the minutes.
  - ⇨ It was noted that it is appropriate to vote "No" on any motion that one has reservations about, or doesn't have enough information on.

Conflict of Interest - was not discussed and it was suggested that where there are questions an attorney representing either the Council or the members' interest should be consulted. [Note: The HPPC has a policy on conflict of interest.]

Main Motion

- Members' role in Council should be to say, "*Yes*," "*No*," or "*Go back to committee.*"
  - ⇨ Discussion's purpose is to clarify issues and to attempt to sway other members' votes.
  - ⇨ Brainstorming is not appropriate at Council meetings and wastes members' time.
  - ⇨ The real incubator for the direction, and vision of the Council takes place in committees.
    - Committees are better suited to brainstorming, "*slug things out,*" and make compromises so that the proposal brought to the Council has a likelihood of passage.
- Main Motions largely come from Committees' reports.
  - ⇨ When the committee has done its work the Main Motion is ready to be voted.
- The purpose of Seconding a Motion is to ensure that a single individual doesn't hijack the Council, and ensures that Motions have support of more than just that member.
  - ⇨ If a Motion is raised that members don't want to discuss, don't Second it.
  - ⇨ Main Motions brought from committees do not need Seconding.

Amendment to a motion

Friendly Amendments:

- ⇨ There is no such thing as a "*Friendly Amendment.*"
- ⇨ Once a Main Motion is brought and Seconded it belongs to the whole Council, not to the person, or committee, making the motion.
  - Therefore, only the Council can accept an Amendment and does so by voting on it without regard to how small, subtle, or nuanced the change may be.
- ⇨ The concept of a Friendly Amendment is flawed for a number of reasons, including that they tend to cause confusion because it is not clear what is being discussed.

Making Amendments:

- ⇨ Only one thing can be done at a time, and in this order:
  - Motion is made, by an individual or committee;
  - It is Seconded (unless brought by a committee);
  - The Motion is then on the floor for discussion
    - * And only issues relating to the Motion should be discussed;
  - During discussion Amendments may be offered
    - * Amendments must be Seconded
    - * When an Amendment is on the floor (Moved and Seconded) it, and only it, is discussed until voted on
    - * The Amendment must be disposed of (accepted or rejected by vote) before the Council returns to discussion and disposal of the Main Motion; and
  - When discussion is completed, the Main Motion is voted on.
- ⇨ Even when an Amendment proposes to change only a single word of the Main Motion the Amendment must be Seconded, discussed, and voted on (as above).
- ⇨ Discussing only what is on the floor -- the Main Motion, or an Amendment -- helps maintain the Council's focus, avoids confusion, and uses members' time efficiently.
- ⇨ There can never be more than one Amendment on the floor at a time, it must be disposed of before another Amendment is made.

- ⇨ The Chair (or Co-Chair) must ensure that the matter on the floor is discussed and disposed of before entertaining another matter.
- ⇨ Every member has the right to make and Second Amendments, but they should be used sparingly as the purpose of committees is to get things done, work out differences, reach consensus, and bring an acceptable proposal to the Council.

Guiding Principles of Robert's Rules of Order

- There are four principles of parliamentary rules of order, all of which relate to mutual respect of the individual members; including their time, interests, values and intellect:
  - ⇨ Majority Rule - all votes are equal;
  - ⇨ Minority Rights - can not strip members of their rights, except under extraordinary circumstances and with a very high vote threshold;
  - ⇨ Absentees are protected - their rights won't be stripped, and decisions won't be made unless the absent member is made aware of it; and
  - ⇨ The process must be fair.

Point of Order/Point of Information

- A Point of Order is raised when a member sees some action (as opposed to opinion) that she/he objects to, believes isn't right, or violates the accepted Council process.
- Every member is empowered to raise a Point of Order or a Point of Information.
  - ⇨ It can be raised at any time during the discussion of a Motion, but must be timely and raised at the occurrence of the alleged inappropriate action.
    - If one waits rather than objecting the member has waived her/his rights.
  - ⇨ It can be made outside of the order of a Speakers' List (as below).
  - ⇨ The member raising the Point of Order may explain her/his Point of Order.
- Raising a Point of Information, or a Point of Order stops all other business until the point is clarified or ruled on by Chair (the presiding officer).
  - ⇨ The Chair's duty is to keep the Council on task, and its decision-making timely and fair.
  - ⇨ The Chair makes the determination (the ruling) of whether a Point of Order is germane to the discussion and the decision-making process.
- If a member offers a "Friendly Amendment," other members should raise a Point of Order.

Call the Question & Speakers' List

- All members recognized by the Chair are empowered to Call the Question.
  - ⇨ Calling the Question must be seconded.
  - ⇨ Once moved and seconded it is voted on immediately, there is no discussion.
  - ⇨ The Question being voted on is, "Shall the Council halt discussion and proceed to a vote on the Motion -- Yes or No."
  - ⇨ The Question requires a 2/3rds majority to be approved.
    - Abstentions and recusals are not counted in the calculation of the vote.
  - ⇨ If the Question is approved, the Motion on the floor is immediately voted on, and there is no further discussion on the Motion.
  - ⇨ If the Question fails, discussion continues on the Motion with the next speaker.
- The Chair can establish a Speakers' List by asking who wishes to address the Motion.
  - ⇨ The Chair can then close the list by announcing its closure at completion of the Speakers' List.

- A disadvantage of a Speakers' List is that a member may feel compelled to comment on another's comment, but can't if her/his name isn't on that list and so will tend to put their names on the list to ensure they have an opportunity to speak, if needed.

⇨ Or, the Chair can keep the discussion open beyond a Speakers' List, closing discussion late at his or her discretion.

- Similar to the Calling the Question process, discussion can be reopened by a Seconded Motion to extend discussion. A 2/3rds majority is required for approval.

⇨ When the last speaker is finished the Question is automatically called, and a vote on the motion follows immediately.

- If a member wishes to Call the Question without circumventing other members' opportunity to speak, that member should "*Pass*" when called upon, and call the Question when re-called.

Other Comments and Questions

- Frank Strona observed that there hasn't been as much contention in Council deliberations over the past few years, especially compared to several years ago. As a result small changes in Motions have been handled somewhat informally, quickly and easily.
  - ⇨ Last month, he noted, was an exception when the Council attempted to rewrite a Main Motion as a group.
  - ⇨ Due to the rarity of contention members have become resistant to sending a proposal back to committee, and discovered the inefficiency of rewriting a proposal in Council.
- In response to a question from Thomas Knoble, Travis Barrick explained that there are other systems of procedure, but none are as simple and streamlined, nor do they employ more accessible terminology than Robert's Rules.
  - ⇨ He added that the Council is empowered to pass its own rules (Standing Rules), including use of other terminology, but he strongly recommends against it.
  - ⇨ He noted that Robert's Rules are proven to streamline and be time-efficient.
- In response to a question Travis Barrick explained that good leadership in the committees would result in making better proposals to the Council.
- He also pointed out that although Committees are more relaxed, and suited to discussion and debate, the principles of Robert's Rules should also be used to keep the process moving.

The attendees expressed their appreciation for Travis Barrick's presentation with applause.

Need Assessment Discussion

Perry Rhodes III introduced Clare Nolan of Harder & Company to discuss the 2006 Needs Assessment as a follow-up to the discussion at the 05/11/06 Council meeting on this topic. Clare Nolan drew members' attention to copies of the presentation entitled, "*2006 Needs Assessment,*" which had been sent to members in advance of the meeting. In way of background she reminded members that that the agreed upon process was:

- ⇨ Members would be polled on their priorities for the assessment by SurveyMonkey,
- ⇨ Steering Committee would review the results of the poll and develop a motion.

The Steering Committee moved: The HPPC approve late testers as the population for a needs assessment. There was no need for a second.

- Clare Nolan reviewed the definition of late testers, and the results of the poll.

Discussion ensued, including the following.

- Michael Cooley asked for the number of people who fit into the definition of late testers.
  - ⇨ Clare responded that approximately 830 (40%) of those diagnosed with AIDS had their first positive HIV test result within 12 months of that diagnosis.
- Thomas Knoble asked what percentage are '*fast progressors*,' as opposed to late tester.
  - ⇨ Ken Pearce said that very few people actually progress quickly from seroconversion to an AIDS diagnosis; including fast progression due to resistant strains of HIV.
  - ⇨ Colin Partridge noted that the exception is with transfusion-acquired HIV and those born with HIV, adding that it is very unlikely for an adult to have exposure and progress to symptomatic HIV within one year.
- Tracey Packer said that finding out why people aren't getting tested and what the barriers are would help get people into services more quickly as well as improve overall prevention.

Billie Jean Kanios Called the Question, Ed Byrom seconded. The Question was approved without dissent.

Motion was read again. The vote was by show of hands. There were no objections or abstentions. The motion passed.

HIV Prevention Funding 2006

Perry Rhodes III introduced Tracey Packer to provide background on the planning process. She drew members' attention to the presentation entitled, "*The HPPC and the Planning Process,*" copies of which had been sent to all members in advance of the meeting. She highlighted that the Planning Process is at the heart of what the Council does. Her explanation also included the following.

- Slide 2 - A gap may not be immediately obvious, and Committees look at the Resource Inventory and Gap Analysis data and compared that to previously set priorities.
  - For instance, in 2005 Committees identified gaps in Substance Use and services to Youth and made recommendations that are currently being implemented.
  - ⇨ The HPPC and HPS are partners in the planning cycle.
    - The HPPC sets priorities in its Prevention Plan.
    - The HPS implements the priorities by issuing the RFP(s).
    - Providers apply for funding based on the criteria in the RFP(s).
    - An independent process reviews the Plan, priorities, RFP, and the proposals to determine funding.
- Slide 3 - The document entitled, "*Exhibit 2 Summary of Funding Priorities…*" (from Chapter 4 of the 2004 Plan) was distributed for quick reference.
  - ⇨ The HPS is working on evaluation methods to compare what programs have accomplished relative to what they said they would do in response to the RFP.
    - That information, when available, will be reported to the Council.

Questions and Comments

- Michael Cooley asked if the Council was going to be able to look at preliminary information, including monitoring data, regarding actual services as part of the current review.
  - ⇨ Tracey Packer explained that the current phase of the process is to review providers' plans, what they said they were going to do.
  - ⇨ She noted that when programs don't reach their planned objectives, the HPS' goal is to support agencies in reaching their objectives and/or adjusting their plans.

- ⇨ Israel Nieves-Rivera noted that monitoring data would only show activities through the first half of the contract year, which may not be representative of the whole year.

- Thomas Knoble asked about evaluation's impact on renewal of contracts.
  - ⇨ Tracey Packer explained that renewal is based on monitoring, and at renewal contract perameters may change based on agencies' results.
    - She added that more typically, when objectives aren't reached programs tend to successfully find new and other ways to meet their plans.
  - ⇨ Marise Rodriguez observed that the HPS is working with agencies on making their plans more accurate and achievable.
- Ken Pearce asked what happens when assumptions about BRPs are shown to be inaccurate in resource allocation recommendations, is there a mechanism to change priorities.
  - ⇨ Tracey Packer noted that assumptions used were based on the information available when the RFPs were written, that while newer information may indicate some populations are smaller than anticipated those may be populations that are difficult to reach, and so funding levels may still be appropriate.
  - ⇨ She also pointed out that part of the planning cycle process involves the HPPC comparing priorities to actual allocated funding and make recommendations to the DPH.
  - ⇨ Israel Nieves-Rivera noted that some prioritized populations, such as MSM-IDU, also have services from outside HIV prevention funding stream.

Tracey Packer introduced Marise Rodriguez of the HPS. Copies of her presentation entitled, "*San Francisco 2005 HIV Prevention,*" had been sent to all members in advance of the meeting. Her additional comments included the follow. Please Note: Explanations of acronyms used in the presentation are provided below (alphabetically by slide) and setoff in text boxes.

- Slide 3 - HPS is working on breaking down the funding by HERR and PWP.

  CTR (Counseling, Testing & Referral), HERR (Health Education and Risk Reduction), PWP (Prevention With Positives).

- Slide 4 - Groups includes single, multiple session workshops, and drop-in groups.

  CTRPCRS(Counseling, Testing & Referral and Partner Counseling and Referral Services), PCM/IRRC (Prevention Case Management/ Individual Risk Reduction Counseling), NE (Needle Exchange), SM(Social Marketing), TA (Technical Assistance).

- Slide 7 - Includes male and female within each ethnic group by BRP.
  - ⇨ NA funding is rounded by the computer to 0%, some funding nonetheless is in place.

  AA (African American), API (Asian Pacific Islander), L/H (Latina(o)/Hispanic), MRE (Mixed Race Ethnicity), NA (Native American, W (White).

- Slide 10 - As a result of direction from the HPPC the rate of funding to the Asian Pacific Islander Transgender population has increased and is now at the highest percentage.
- Slide 12 - The increase in funding for African-American female injectors is a result of the HPPC and HPS' work.
- Slide 16 - African-American MSF is a prioritized population, and the percentage is in line with this priority from the 2004 Plan.
- Slide 18 - The $37 cost per contact may be lower than actual experience and agencies should review and document the true operating cost.
- Slide 19 - IRRC is similar to a triage and is a portal to other services.
  - ⇨ The numbers and types of program responding is in accord with the incidence.

CD (Condom Distribution), CTL (Counseling, Testing & Linkages, formerly CTR [Counseling, testing & Referral]), MSW (Multiple Session Workshop), SM/M (Social Marketing and small Media), SSG (Single Session Groups), VBGO (Venue Based Group Outreach)

- **Slide 28** - Contacts made regarding MSM Drug Use (not IDU), Internet use, and Speed use reflects co-factors that have been updated by the HPPC as priorities since the 2004 Plan.
- **Slide 29** - The focus on Speed use among MSM-IDU highlights agencies' response to the new HPPC prioritized co-factors.
- **Slide 33** - The "*Other*" neighborhood category is too large and should be more specific.

Comments and Questions

- Ken Pearce asked if the data shows an increase in MRE over time.
  - ⇨ Marise Rodriguez said that on the old data collection form most people tended to choose one or the other, but the new PEMS forms has more options/detail.
- Gayle Burns asked where the ethnicity data comes from.
  - ⇨ Marise Rodriguez explained that it comes from the programs' reporting.
- Gayle Burns then asked about the origin of the definitions of Race and Ethnicity.
  - ⇨ Marise Rodriguez explained the definition comes from the CDC, which defined: African-American, Asian Pacific Islander, Native American, and White as races; and Latina(o)/Hispanic as ethnicity.
- Derrick Mapp noted that there is a known gap in data about the FTM population.
  - ⇨ Marise Rodriguez responded that relatively little data has been collected on this group; nonetheless, agencies haven't reported much incidence among FTM.
  - ⇨ Frank Strona noted that the lack of data may be because agencies are not asking the right questions, and that the FTM who have sex with men population self-identify as Gay men and are reported as MSM.
    - He added that this lack of data is an embarrassment.
  - ⇨ Tracey Packer noted that some information has been collected, but that the data doesn't indicate a spike in incidence among FTM as it does among the MTF population.
  - ⇨ Michael Cooley added that there is also a shortage of data on Intersex people whose risk behavior correlates to their gender identity.
  - ⇨ Tracey Packer suggested FTM and Intersex be added to the Parking Lot.
  - ⇨ Billie Jean Kanios noted that FTM tend to be at a higher economic level than MTF and suggested getting information from Kaiser and others in the private sector.
- Abbie Zimmerman observed that grant writers tend to exaggerate the numbers of contacts, which may skew the costs per contacts shown on Slide 18.
- Michael Cooley pointed out that his agency has several sources of funding and that DPH funding covers only part of the programs' costs.
  - ⇨ He added that costs per contact should be calculated based on total funding.
  - ⇨ Marise Rodriguez suggested that because the DPH is not aware of all of the funding sources agencies rely on that an agency be used as an example for modeling purposes.
  - ⇨ Emalie Huriaux suggested costs per contact be on the Parking Lot for future discussion.
  - ⇨ Thomas Knoble suggested that costs per contact be communicated to the community.
  - ⇨ Dee Hampton said that as the epidemic changes agencies need to respond, and that the adjustment period takes time and will impact costs per contact.

- Dara Coan observed that certain interventions involve multiple contacts and so cautioned against misinterpreting the graphs (Slides 21-27); they could be mistakenly read as showing some populations being over or under serviced.
  - ⇨ Derrick Mapp pointed out that the number of contacts isn't reflective of contact hours.
- Ken Pearce noted the difference between dollars allocated to Asian Pacific Islander TSM (Slide 10 [27% of total]) and Asian Pacific Islander TSM-IDU (Slide 14 [7% of total]).
  - ⇨ He noted that these percentages would indicate that about 1/3rd of this population is likely to be IDU, and asked if this is correct.
  - ⇨ Marise Rodriguez indicated that this most likely shows a gap in services.
  - ⇨ Tracey Packer pointed out that the numbers are from agencies providing services and their focus is based on their experience.
    - She added that non-IDU to IDU among TSM ethnicities could be modeled on existing, albeit old research data.
- Emalie Huriaux noted that among FSM-IDU there are co-factors other than sex-work.
  - ⇨ Tracey Packer explained that sex work was prioritized by the HPPC from available data that shows it is the only co-factor with higher risk than in the population as a whole.
  - ⇨ She added that agencies provide services to other non-prioritized subpopulations.
- Gwen Smith asked if prevention contracts count *unduplicated* contacts.
  - ⇨ Marise Rodriguez said that identifying duplicate contacts is nearly impossible for many prevention providers, and is not part of the contract.
  - ⇨ She added that the new PEMS form may determine which contacts are duplicate.
  - ⇨ Tracey Packer added that prevention often takes multiple contacts and that the number of contacts has validity unlike when evaluating medical/care services.

Perry Rhodes III asked the members if the discussion should continue among the whole Council, or if members would rather reconvene into small groups. The group's consensus was to remain whole.

- Michael Cooley noted the difficulty of doing prevention in jails where inmates are not allowed to talk about sex, and so the HPPC model might not fit the incarcerated population.
  - ⇨ Isela Gonzalez noted that although difficult, IRRC could be done if focused on cofactors, such as substance use, noting that results are not easily measured.
  - ⇨ She added that incarcerated people often don't disclose all of their risk behaviors.
  - ⇨ Frank Strona added that the same challenges exist in residential treatment, and that both require a good deal of repetition and acuity on the part of the staff.
- Emalie Huriaux observed that after being released from incarceration or residential treatment many people revert to substance use to lose weight.
- Abbie Zimmerman noted among some populations people come in for services other than HIV prevention, and it requires training on the part of staff to get them into testing.
- Janetta Johnson noted that it is also difficult to discuss what is high-risk behavior to MST and they don't want to disclose all of their behaviors.
- Isela Gonzalez asked how an agency goes about getting more funding, if needed, for a successful intervention, and was told that agencies should ask although there are more requests than resources.
  - ⇨ Tracey Packer also noted that Technical Assistance is available.
- Israel Nieves-Rivera asked for clarification on the presentation's use of "Neighborhood."
  - ⇨ Marise Rodriguez said it is what agencies say they will do in their applications' narrative.
  - ⇨ She added that in the future data would be collected on residents' Zip Code.

⇨ Marise Rodriguez said that she, Tracey Packer and Dara Coan are working on collecting data from ELI and comparing it to programs' 2004 projections.

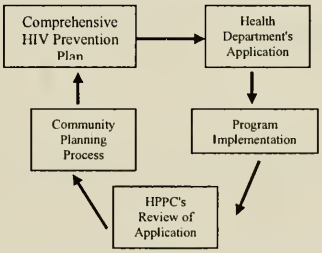
The attendees expressed appreciation for Marise Rodriguez's presentation with applause.

Cooperative Agreement Overview

Tracey Packer provided background on the Cooperative Agreement, including the following.

- Collecting information on actual contacts compared to projected, as Marise Rodriguez discussed, is becoming increasing important from the national level.
- The Cooperative Agreement is one of the most important things the HPPC does.
- The CDC mandates that the HPPC:

  "*Review the health dept application to CDC for federal HIV prevention funds, including the proposed budget, and develop a written response that describes whether the health department application does or does not, and to what degree, agree with the priorities set forth in the comprehensive HIV prevention plan.*"
- The process consists of these components:



- HPPC's current five-year Cooperative Agreement application is based on the 2004-08 HIV Prevention Plan with annual Interim Progress Reports (IPR) including:
  - ⇨ Progress Report for January - June 2006;
  - ⇨ Reports on CDC Performance Indicators, including projected versus actual performance;
  - ⇨ Priorities for 2007 from the 2004 Plan, the epidemiology and community values; and
  - ⇨ The SF-DPH's budget for 2007.
- Timeline for the IPR/Cooperative Agreement Letter:
  - ⇨ July - Guidance published by CDC;
  - ⇨ July - an HPPC Working Group to be established reviewing the Guidance, Performance Indicators, epidemeology, the Plan, and priorities for 2007;
  - ⇨ July - the entire HPPC membership reviews the application/IPR, and provides input;
  - ⇨ August - the Council authorizes a Letter of Concurrence, Concurrence with Reservations, or Nonconcurrence as per the CDC's direction (as above)
    - A Letter of Nonconcurrence would not stop the funding, but rather triggers conflict resolution.

Comments and Questions

- Michael Ccoley noted that it is a big document and members should dedicate time to read it.
- Tracey Packer asked for suggestions to make the process easier to read.
- Abbie Zimmerman suggested:
  - ⇨ A committee review the whole document and publish a summary in bullet points; or

- ⇨ Dividing the application and have groups review the section(s) which they have the greatest expertise in and then have each group report back to the whole.

- In response to Isela Gonzalez, Tracey Packer said members would have about two-weeks to review the application, although there would be advanced drafts available.
- Frank Strona suggested using existing Committees to review the agreement.
  - ⇨ He also suggested assigning parts to Committee members based on their expertise, where appropriate, but in any event to divide up the task.
  - ⇨ He added that members shouldn't feel they have to read the entire document and should be able to respect other members' expertise on specific parts.
  - ⇨ He also suggested that members should be able to opt-out of this process.
- Israel Nieves-Rivera noted that last year the Guidelines came so late that it was nearly impossible to respond to, and that the CDC has indicated that it will change (streamline) the Guidance again this year, which may delay its publication.
  - ⇨ He suggested reviewing last year's application, as they rarely change much year to year.

Summary, Evaluation, and Closure of Meeting

Perry Rhodes III reminded members to fill in their evaluations. The meeting adjourned 6:01 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Lisa Reyes and Tracey Packer.

Reminders: The next HPPC business meeting, will be Thursday, July 13, 2006
Location: Quaker Meeting House, 65 Ninth Street, SF

HIV Prevention Planning Council Meeting
Thursday, July 13, 2006
3:00-6:00 pm

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Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

06-30-07P02 35 RCVD

Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, and Announcements**	**Tracey Packer**
3:10 pm	**Review and Approval of Minutes of June 8 (Vote)** Objective. To discuss and approve the minutes from the most recent council meeting.	**Tracey Packer**
3:15 pm	**General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**Tracey Packer**
3:25 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Written Report** Objective. To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section.	**Tracey Packer**
3:40 pm	**Cooperative Agreement Overview** Objective: To provide an overview of the requirements for the annual application to the Centers for Disease Control and Prevention (CDC).	**Tracey Packer**
4:40 pm	**Membership/Community Liaison Committee Presentation** Objective: To provide an overview of the HPPC recruitment process and to discuss possible recruitment avenues.	**Membership/ Community Liaison Committee**
4:50pm	**Break**	**All**
5:00 pm	**Gaps and Services** Objective: To access and make recommendations regarding gaps and services in HIV prevention	**Dara Coan, Eileen Loughran & Lisa Reyes**
5:55 pm	**Summary, Evaluation, and Closure of Meeting**	**Tracey Packer**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS.

Membership/CLC: July 6, 2:30-4:00 PM, 25 Van Ness Ave (Note: New Date & Time)
San Francisco Leadership Initiative (4th Thurs): July 27 & Aug 24, 1:30-3:00 PM, 25 Van Ness
Points of Integration Btw Prev & Care (1st Tues): July 11 & Aug 1, 3:30-5:30 PM, 25 Van Ness
Strategies & Interventions (1st Thurs): July 6 & Aug 3, 4:00-5:30 PM, 25 Van Ness Ave
Steering (4th Thurs): July 27 & August 24, 3:00-5:00 PM, 25 Van Ness Ave

Full Council: Thursday, August 10, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

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HIV PREVENTION PLANNING COUNCIL

Minutes

July 13, 2006

The next HPPC business meeting will be held on **Thursday, August 10, 2006**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St, San Francisco

Members Present:
Angie Baker
Gayle Burns
Edward Byrom
Chadwick Campbell
Thomas Ganger
Isela Gonzalez
Emalie Huriaux
Matt Jennings
Janetta Johnson
Billie-Jean Kanios
Tom Kennedy
Thomas Knoble
Weihaur Lau
Derrick Mapp
John Newmeyer
Tei Okamoto
Tracey Packer
Colin Partridge
Ken Pearce
Perry Rhodes III
Chandra Sivakumar
Frank Strona
Abbie Zimmerman

Members Absent:
William Bland*
Michael Cooley
Michael Discepola, Emeritus
Dee Hampton
Joani Marinoff, Emeritus
Gail Sanabria*
Gwen Smith

HIV Prevention Section:
Dara Coan
Vincent Fuqua
Guillermo Gonzalez
Ju Lei Kelly
Betty Chan Lew
Eileen Loughran

Harder + Co.:
Aimee Crisostomo
(minutetaker)

Guests:
Michelle Bakken, Tenderloin AIDS Resource Center (TARC)
Eiko Sugano, Connect to Protect
Jeff Klausner, SFDPH STD
Maricarmen Arjona, UCSF-CAPS
Carolyn Hunt, UCSF-CAPS

Process Evaluation Team:
None present

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HIV PREVENTION PLANNING COUNCIL
Minutes
July 13, 2006

Welcome, Introductions, and Announcements

Tracey Packer, the government co-chair for HPPC, called the meeting to order at 3:05 PM, and welcomed everyone in attendance. Tracey began the meeting by noting that today's meeting focuses on the work of the council and gaps in services. As part of today's focus, she asked attendees to introduce themselves and state a goal for HIV prevention for next year. The following announcements were made:

Kathleen Roe, process evaluator, is unable to attend today's meeting. Frank Strona will distribute and collect completed evaluations.

Tracey announced the following absences: Gail Sanabria, William Bland, Lisa Reyes, and Israel Nieves.

Tracey made the following announcements: (1) the council requested the sign for rules of engagement be hung up during council meetings. HPS staff could not find it (since we moved), but will bring it to the next council meeting; and (2) HPS has funds to send two council members to two days of the upcoming harm reduction conference in Oakland; interested members should submit his/her name to HPS for a drawing. Emalie passed out brochures of the conference, "2006 National Harm Reduction Conference - Drug User Health: The Politics & the Personal."

Gayle Burns announced that the Native American AIDS Project is having a spaghetti dinner next week 7/20, as a fundraiser for a Health & Wellness Pow Wow during World AIDS Day in San Francisco. Six dollars provides dinner, a drink, and dessert. Donations are also greatly appreciated.

Thomas Knoble is working on a translation of Roberts Rules that is more culturally sensitive and accessible. Anyone interested in working on this may follow-up with Thomas.

Ju Lei Kelly, HPS staff, is working with the state of CA on an integration project that brings Hepatitis C testing at various agencies. She asked council members to contact her if the agencies they represent are interested in the project.

Aimee F. Crisostomo, from Harder+Co., updated the council regarding the HPPC needs assessment. Last month, the HPPC approved a prioritized population – people who receive an AIDS diagnosis one year or less after receiving a positive HIV test (or "late-testers"). The project team at Harder+Co. is working on the interview questions and recruitment plan. Invitations to participate in the needs assessment will be made available to council members at their next committee meetings. Aimee asked members to contact her if their agencies have the space capacity to host interviews and if they know someone who might be eligible and interested in participating in a pilot test.

Review and Approval of Minutes of June 8

Tom Kennedy made a motion to approve the minutes of the June 8 meeting, which was seconded by Billie Jean Kanios. No changes or objections were raised. The minutes were approved with Angie Baker and Frank Strona abstaining.

General Public Comment

Jeff Klausner addressed the council regarding the number of syphilis cases in San Francisco. He passed out a document illustrating two charts. The first chart shows the numbers of syphilis cases in SF since 1999 when the epidemic started. Most syphilis cases are among MSM and gay men. He stated that there seems to be an absence of sustained syphilis transmission among heterosexual men & women and overall, the syphilis epidemic looks like it is decreasing albeit slowly.

The second chart illustrates number of syphilis cases by HIV status. About 2/3 of cases are among men w/ HIV infection.

Jeff then handed out abstracts that will be presented at the upcoming International AIDS conference. He shared that he feels strongly that researchers need to be held accountable particularly for research that is publicly funded; part of that is sharing the information and research findings with the community. He noted that academic professionals may have a harder time with sharing information with the community than health departments because of the competition for resources and career advancements.

Member Response to Public Comment

One member asked a question regarding unsafe sex practices among partners, use of condoms, and transmission of syphilis to partners. Jeff responded that it is known that syphilis transmission can occur through oral sex; also, there are cases where syphilis transmission occurs among HIV concordant partners and where one partner is HIV positive and the other's status is unknown. Jeff emphasized that they try use the opportunity to engage someone who is HIV positive and has syphilis by offering risk reduction counseling and case management. The STD unit is also working with Los Angeles Co. to look at the impact of the syphilis epidemic on HIV transmission.

Tracey thanked Jeff for sharing the research abstracts with the council. She noted that as a Council, it is important to think about what is being presented at the conference. She mentioned that there are people from DPH who will be attending the International AIDS Conference.

- ⇨ Tracey will find out what her colleagues at DPH will be presenting and will bring it back to the council.

HPPC Co-Chairs/Steering Committee Written Report

The HPPC Co-Chairs Report was distributed to the council. Tracey highlighted the item regarding the community member attendance policy. HPPC currently has an attendance policy for HPPC members. HPPC members have requested that an attendance policy for community members be developed as well. The Membership/Community Liaison committee is charged with developing this policy and presenting it to the full Council for approval. The committee recommended that the attendance policy for council members be reviewed in December. Review of this policy can help in developing an appropriate community member attendance policy which can be brought to the full HPPC for a vote in early 2007.

Cooperative Agreement Overview

Co-Chair Tracey Packer conducted the presentation entitled, "*2007 Cooperative Agreement Application*" which provided an overview of the requirements for the annual application to the Centers for Disease Control and Prevention (CDC). The Powerpoint presentation had previously been sent to all members and is available through Betty Chan Lew at HPS.

Tracey provided updates regarding the Cooperative Agreement (CA) Application thus far:

- HPS has received the guidance for the interim progress report which states September 1st as the deadline.
- In the past, the deadline has usually been September 15th which gives HPPC more time and at least one more meeting to create a Letter of Concurrence.
- Israel Nieves, HPS, is responsible for writing the Interim Progress Report (IPR).
- HPPC's role is to set the priorities for 2007 (What do you think should be done in prevention next year?) and to review the interim progress report

UPDATE: The CDC has since revised the deadline for the IPR to September 15, 2007. This gives the HPPC ability to review the entire document and vote on concurrence before the IPR is sent to CDC.

What is the Letter of Concurrence?

Tracey talked about the Letter of Concurrence which is a letter submitted by HPPC to CDC stating whether HPPC thinks that the Cooperative Agreement (IPR) is reflective of the HIV Prevention Plan. The three options that HPPC can take are 1) concurrence, 2) concurrence w/ reservations, and 3) nonconcurrence.

In response to a question, Tracey responded that in 1996, the HPPC submitted a letter of concurrence w/ reservations. There were reservations regarding how outreach was being conducted.

CDC pays attention to any concurrence with reservation and nonconcurrence and offers technical assistance.

Where does the 2007 Interim Progress Report begin?

Indicators are set by CDC.

San Francisco develops a target measure for each indicator (Where do we want to be at the end of the year?) for the 2007 IPR. At the end of the year, HPS will report on the actual numbers met for each indicator.

What data did you use to set the measures?

Willi McFarland's consensus data can be used to set some of the target measures. Tracey added that it is possible to revise target numbers.

Abbie posed a question about how people who are out of county are reached and counted. Tracey agreed that this is an important consideration. She noted that Counseling & Testing data can be separated by zip codes. This information is brought back to each county. However, it is difficult to ensure that all tests are located by residence. She mentioned that there is a need for more coordination with other counties such as Alameda and Marin. This could be a goal for 2007.

Further discussion regarding this issue continued. Thomas thought that San Francisco is better off than most of the state of CA because SF has larger numbers of people to count. Frank added that on a state level, migration has been an important discussion. He stated that people come to SF for services.

Tracey reviewed sample indicators related to Community Planning; Counseling, Testing, & Linkages; and Health Education/Risk Reduction. She stated that HPPC's job is to review the target numbers for 2007 for each indicator. There are about 25-30 indicators. She asked the council whether we want to be more realistic in setting numbers. Dara emphasized that is important to determine how to make each indicator show the success of HIV prevention in SF.

Some members expressed concern that as numbers go down, we lose funding accordingly.

Tracey added that in developing target measures, we need to be true to ourselves. She encouraged the council to state what we believe are the major issues in SF. For example, we always tell CDC that data and studies show that needle exchange is a highly successful intervention, but they refuse to fund it.

Tracey reviewed the HPPC Review Process as follows:

- Review requirements and discuss indicators today, July 13
- Discuss priorities for each section at the next Steering Committee meeting on Thursday, July 27. Tracey emphasized that if you're not on Steering, you're welcome to come on July 27 to participate.
- Committees to discuss sections in August and provide feedback
- We write the Cooperative Agreement (IPR)

- Feedback from HPPC full council meeting on August 10 and Steering Committee on August 24
- 2nd draft by Sept. 8 presented to the full Council
- Vote on letter of concurrence at full Council meeting on Sept. 14

HPPC members are encouraged to contact HPS staff members, Israel Nieves, Dara Coan, and Tracey Packer, regarding this process and providing input on the Cooperative Agreement (IPR).

Frank Strona suggested that the two community co-chairs draft a letter to CDC stating the HPPC will not be able to submit a letter of concurrence by September 1st because this is not enough time to get meaningful input from the HPPC. Frank stated that it is important for HPPC to inform CDC early on so that HPPC can stick to a reasonable timeline. Other members agreed.

⇨ The council agreed that the community co-chairs submit a letter to the CDC stating that HPPC will not be able to submit a Letter of Concurrence by September 1st.

Eileen Loughran, HPS, added that she has received calls from other members of UCHAPS agreeing that the timeline set forth by CDC is tight. UCHAPS will be communicating with CDC about this issue. The point is that if CDC wants to hear from community planning groups (CPGs), they need to allow more time that ensures substantive involvement and input on the development of the IPR from CPGs.

Abbie suggested moving the meeting break to now. Council members voted to take a break and resume with the Membership/ Community Liaison Committee presentation after the break.

Membership / Community Liaison Committee Presentation

Ju-Lei Kelly (HPS) introduced this agenda item. The Membership/Community Liaison committee decided to do a presentation to the full council in order to encourage council members to actively participate in the recruitment drive which begins today.

An informational brochure entitled, "SF HIV Prevention Planning Council: An Overview of the Community Group Responsible for HIV Prevention Planning in SF" and membership applications were distributed. Ju-Lei noted that applications are accepted throughout the year. Some applications have already been received; HPS staff will follow up with these applicants to schedule an interview.

Committee members Chadwick Campbell and John Newmeyer conducted the presentation entitled, *"Membership/Community Liaison Committee: The Recruitment Process"* which

provided an overview of the HPPC recruitment process. This Powerpoint presentation was sent to members prior to the meeting and is available through Betty Chan Lew with HPS.

The presenters reviewed the membership recruitment timeline, principles of community planning, the recruitment process, and presented identified gaps as reviewed by the committee.

The following is an overview of the presentation:

- The committee reviewed demographic gaps in the council based on information from member applications
- Identified gaps include youth, IDU, ethnic identities such as API, Latino/a, MTF TG expertise, expertise in domestic violence (Slide 7 of 10)
- Application deadline is the August 11
- HPPC members are encouraged to participate – members can pick up an application today, spread the word about the recruitment drive, participate in the interview process, become a mentor to new member, and/or participate in new member orientation.

Questions & Comments:

The council discussed how demographic gaps were determined. Basic demographics of current members and everyone's expertise were considered. Tracey suggested that it can be subjective based on people around the table.

Ken Pearce offered a suggestion that there should be more people who are HIV+ identified as members of the council. Abbie Zimmerman suggested that there should be incentives available for young people to participate. She added that HPPC should push for more youth involvement on the council.

Tracey clarified that in the HPPC policies and procedures handbook, it is specified that honoraria up to $600 per year based on department rule are offered for youth HPPC members and for those who are not supported to be here (e.g., as part of one's job). Abbie suggested that this information be more visible in the recruitment materials as well as for current members.

The council continued discussion regarding the identified gaps which is also listed in the recruitment materials that were distributed. One member noted that people may challenge the list of gaps. Tracey emphasized that recruitment is broad and that it is not focused entirely on the identified gaps. Anyone who is interested in participating on HPPC should apply. Eileen reiterated that everyone who applies for the council is interviewed. The gaps do not make the recruitment exclusive. Eileen also emphasized that community members on the various committees, and emeritus members are encouraged to apply.

⇨ The council agreed on a suggestion that the identified gaps be removed from recruitment materials and be used internally as guidelines. It was noted that seeing the list of identified gaps may hinder anyone who is interested from applying.

Other suggestions from the council regarding member recruitment included:

- Lower the reading level on the HPPC brochure. A software program called the Fry Test can help determine the reading level of any literature.
- Different brochures should be developed for different populations
- Include a picture of the council on the brochure
- Transgender-loving men/women should be added as part of the gaps list

Gayle Burns who is a member of the Membership/Community Liaison committee expressed appreciation for feedback from the council. She encouraged members to participate in the Membership/Community Liaison committee next year because it is often the smallest committee.

Other important information regarding recruitment includes:

- A PDF version of the membership application and brochure will be available next week.
- Membership application and brochure will be available on the website after July 20th.

Gaps and Services

Eileen Loughran and Dara Coan conducted the presentation entitled, *"Gaps Analysis"* which informed the council on what a gaps analysis is and is a continuation of the discussion regarding the data presented by Marise last month.

Dara gave an overview of the small group exercise and explained the gaps analysis tool. The small group exercise will lead members in a gaps analysis and give members an opportunity to look at the data presented by Marise more closely. The gaps analysis may help identify what is missing in HIV prevention. Attendees were divided into five small groups: HERR (2 groups: BRP 1 &3 and BRPs 2, 4-8), PWP (2 groups), and CTL (1 group).

Each group was asked to answer the following 4 questions:

- Were resources put where the HPPC said there were priorities?
- Are there enough resources in the priority areas?
- Where do you see gaps?
- What additional information do you need to assess whether there is a gap?

Dara emphasized that this is the first time that HPPC is using this format to conduct a gap analysis and also talked about limitations (Slide 8 of 8). She stated that after the exercise, members may not find the format to be useful, but we can learn from the experience to develop other ways of conducting a gaps analysis in the future. She suggested members approach the small groups exercise as a test-run. Members will have an opportunity to give feedback afterwards.

Comments & Questions:

After the small group exercise, Tracey asked the full council to identify anything that was helpful about the exercise or any limitations encountered by each group. The following points were raised:

- It would have been helpful to know how big a population is and how many are being served. It was difficult to determine whether the number of agencies serving a population is appropriate without knowing the population size.

- After reviewing the data on PWP services for MSM and gay men, one group concluded that they did not trust the data, based on their knowledge of the services and programs that are available.

- One group discussed the disconnect between front line staff and the grant writer of an agency to explain the discrepancy in the numbers that are reported and what is actually being done by the agency/program. Ju-Lei, HPS staff, concurred that there is a disconnect between what is contracted, what's being done, and what is actually being funded. Numbers do not reflect what programs are doing.

- One group mainly talked about the information they lacked at the time in order to do a gaps analysis. One member suggested that subjectively thinking about these things (gaps & services) along w/ our expertise would be more helpful in small group discussion.

- Another member emphasized that there is clear need for evaluation that links contract needs and shows what's being done outside of what you're being funded to do. Agencies are doing more than what the contract asks for and it's valuable to capture that. One member brought up the issue of underreporting. How can people report what they plan to do but also what they have done?

- One participant noted that in his small group, there was discussion on the need for training for agencies on how to fill out BRP forms.

Tracey concluded this agenda item by stating that the gaps analysis was a good opportunity and a pilot. It is a way to think about what we need to do in the future and how can we improve our work. Tracey added that today's meeting has been helpful in thinking about how

prevention can enhance the processes already in place so that we know who we are reaching and the issues we encounter in prevention. The gaps identified today can be further researched and can be included in the CDC IPR.

Summary, Evaluation, and Closure of Meeting

Tracey Packer reminded members to complete the evaluation form. The meeting adjourned at 6:00 PM.

Minutes prepared by Aimee F. Crisostomo. Minutes reviewed by Eileen Loughran, Dara Coan, and Tracey Packer.

The next HPPC business meeting, will be Thursday, August 10, 2006 at the Quaker Meeting House, 65 Ninth Street, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, August 10, 2006
3:00-6:00 pm

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Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, and Announcements**	**Gayle Burns**
3:10 pm	**Moment to Honor the Life of Rickey Williams**	**All**
3:15 pm	**Review and Approval of Minutes of July 13th (Vote)** Objective: To discuss and approve the minutes from the most recent council meeting	**Gayle Burns**
3:20 pm	**General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**Gayle Burns**
3:30 pm	**Member Response to Public Comment**	**All**
3:40 pm	**HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. • Drawing for Harm Reduction Conference In Oakland, CA	**Gayle Burns**
3:50 pm	**Presentation by members of the San Francisco HIV Health Working Group** Objective: To update HPPC members of the work being done by this group	**Members of the SF HIV Health Planning Work Group**
4:20 pm	**Break**	**All**
4:35pm	**Cooperative Agreement Discussion (possible VOTE)** Objective: To have the HPPC discuss the Cooperative Agreement Application to the Centers for Disease Control (CDC) & Prevention for prevention funding.	**Tracey Packer**
5:55 pm	**Summary, Evaluation, and Closure of Meeting**	**Gayle Burns**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Membership/CLC (2nd Monday): August 14th & September 11th, 3:00-4.30 PM, 25 Van Ness Ave
San Francisco Leadership Initiative (4th Thurs): August 24 & September 28, 1:30-3:00 PM, 25 Van Ness
Points of Integration Btw Prev & CARE (3rd Tues): September 19th & October 17, 3:30-5:30 PM, 25 Van Ness
Strategies & Interventions (1st Thurs): September 7th & October 5th, 4:00-5:30 PM, 25 Van Ness Ave
Steering (4th Thurs): August 24th & September 28th, 3:00-5:00 PM, 25 Van Ness Ave
Full Council: Thursday, September 14th 13, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force: Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us

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HIV PREVENTION PLANNING COUNCIL

Minutes

August 10, 2006

The next HPPC business meeting will be held on Thursday, **September 14, 2006**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St, San Francisco

Members Present:
Angie Baker
William Bland
Gayle Burns
Edward Byrom
Chadwick Campbell
Michael Cooley
Michael Discepola, Emeritus
Thomas Ganger
Isela Gonzalez
Emalie Huriaux
Matt Jennings
Janetta Johnson
Billie-Jean Kanios
Tom Kennedy
Thomas Knoble
Weihaur Lau
Derrick Mapp
John Newmeyer
Tei Okamoto
Tracey Packer

continued...
Colin Partridge
Ken Pearce
Perry Rhodes III
Chandra Sivakumar
Frank Strona
Abbie Zimmerman

Members Absent:
Dee Hampton*
Joani Marinoff, Emeritus
Gail Sanabria*
Gwen Smith

HIV Prevention Section:
Dara Coan
Vincent Fuqua
Guillermo Gonzalez
Betty Chan Lew
Eileen Loughran
Lisa Reyes
Jen Sarché

Guests:
Michelle Bakken, TL Health
Jeff Klausner, SFDPH STD Prevention & Control
Carina Marquez, UCSF
Mike Smith, AIDS Emergency Fund
Eiko Sugaro, C2P
Lance Toma, API Wellness Center
Stephen Trickner, Walden House
Mark Utterback, Stop AIDS Project
Alex Williams, TL Health

Harder + Co.:
Aimee Crisostomo
Kym Dorman
David Weinman (Note-taker)

Process Evaluation Team:
Kathleen Roe

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* These members informed the Chair in advance of their absences.

Welcome, Introductions, and Announcements

Gayle Burns, community Co-Chair called the meeting to order at 3:04 PM. She welcomed attendees and explained that the facilitating duties rotate between the three Co-Chairs. She then introduced Vincent Fuqua to conduct a memorial for Rickie Williams. His comments included the following.

- Rickie Williams passed on two weeks ago.
- Rickie Williams had worked for the Stop AIDS Project and had done a lot of work for the SF African-American community, and will be deeply missed.

In response to Vincent Fuqua's request a moment of silence was observed.

Gayle Burns then asked attendees to introduced themselves and make announcements.

- Michael Cooley announced that he is going back to school and that this will be his last Council meeting as a serving member.

- ⇨ He will leave his position at the Stop AIDS Project on 08/22/06 and has taken a job at UCSF doing research while studying.
- Michael Discepola announced that he has accepted a new position as Associate Director of the Stonewall Project
- Jen Sarché announced that this would be her last meeting with the HPPC as a representative of SFDPH Research Section.
- Janetta Johnson said that she was at a meeting with people certified to do secondary needle exchange who asked if there is a law restricting doing secondary needle exchange with outreach.
  - ⇨ Lisa Reyes said that HPS could look into the law's limitations.
- Emalie Huriaux distributed two cards announcing upcoming events, as follows:
  - ⇨ 08/11/06 "*We're Not Dead,*" a benefit for the SF Needle Exchange; and
  - ⇨ 08/25/06 "*Ladies' Night Benefit,*" a benefit for Ladies' Night drop-in program at Muddy Waters Café, 521 Valencia Street.

  Copies of the announcements are available to absent members upon request. Contact Emalie Huriaux for additional information.
- Tracey Packer pointed out that August 10th was Mike Pendo's birthday and that the lamb gyros are offered in his memory.

The attendees joined Gayle Burn in thanking Michael Cooley for his participation in the Council's work with applause.

Review and Approval of Minutes of July 13th

Motion was made and seconded to approve the minutes from the 07/13/06 Council meeting. There were no objections. The minutes were approved.

General Public Comment

Gayle Burns introduced Jeff Klausner of the SFDPH STD Prevention and Control Section whose comments and announcements included the following.

- Wednesday 09/06/06 there will be a community meeting as explained in the flyer he distributed entitled, "*Report Back from the 16th International AIDS Conference (IAC),*" copies of which are available to absent members upon request.
- He distributed an information sheet from Gilead Pharmaceuticals regarding "*Atripla,*" copies of which can be found at www.gilead.com/wt/sec/atripla.
  - ⇨ He announced the approval of this single-dose, once-daily, new HIV medication.
- He distributed copies of an article from the Morbidity and Mortality Weekly Report (MMWR) of 07/28/06 entitled, "*Investigation of New Diagnosis of Multidrug-Resistant, Dual-Tropic HIV-1 Infection,*" copies of which are available to absent members upon request. His explanatory comments included the following.
  - ⇨ Incidence of Multidrug-Resistant (MDR) infection is quite rare and that only a couple of documented cases were found in the NY metropolitan area.
  - ⇨ People with the MDR strain do not necessarily progress quickly, and that other factors were the actual cause of fast progression in the individual cited in last year's NYDPH's media release and subsequent reports.

- He distributed copies of the recommendations of the Mayor's Task Force on Crystal Meth use entitled, "*Consensus Recommendations,*" copies are available to absent members upon request. His comments included the following.
  - ⇨ The recommendations were agreed upon in December 2005, and have not as yet been responded to.
  - ⇨ There is an open meeting of the Task Force on 08/23/06, details of which are available from the HPS upon request.
  - ⇨ Use of Crystal Meth continues to have an important impact on at-risk populations in SF, and those with HIV, and he recommends urging response to the Task Force's report.

Member Response

- Abbie Zimmerman asked and was informed that there is no cost to attend the IAC report back and dinner, but that attendees are asked to register in advance.
- Michael Cooley noted that he worked on a subcommittee of the Task Force which was charged with pairing down the recommendations to achievable areas of focus including:
  - ⇨ Substances other than Crystal Meth, including Crack and Alcohol use;
  - ⇨ Communities other than Gay/MSM;
  - ⇨ Social marketing campaigns; and
  - ⇨ Use of new treatment technologies.
- Tracey announced that SF AIDS Office has requested use of some of the CDC funds not used last year and that the request will probably be approved.
  - ⇨ Some of the funds will be used for social marketing projects focused on Crystal Meth use.
  - ⇨ There will be meeting held in September on this topic.
- Tracey Packer also announced a new Health Educator will be starting on 08/28/06 who will be the person primarily responsible for Crystal Meth education, ensuring data is pulled together and is up to date; although he will also have other responsibilities.
  - ⇨ Michael Discepola said that Tweaker.org and the Stonewall Project would be happy to collaborate pulling information together.
  - ⇨ William Bland said SFAF would also like to participate in such a collaboration.
- William Bland then asked about the impact of drugs other than Crystal Meth on HIV's progression / late testers
  - ⇨ Tracey Packer said that this is one of the reasons data needs to be updated; and that the data on hand indicates that Crystal Meth has a direct effect on HIV.
  - ⇨ She added that HPS is committed to collecting and updating such information, including the experience of Council and community members.

HPPC Co-Chairs/Steering Committee Written Report

Gayle Burns asked members if they had received and reviewed the "*Co-Chairs Report August 10, 2006.*" No questions or comments were raised. She then introduced Dara Coan to provide background and make announcements.

- Dara Coan explained that as part of the follow-up on the brainstorming done at the Council meeting (07/13/06) members are asked for input on existing gaps from their personal, community, and/or professional experience.
  - ⇨ She distributed 3x5 cards for members' comments, noting that these along with all of the other input would be researched and reported back to the Council.
- Dara Coan distributed a flyer entitled, "*PalmPal,*" copies of which are available to absent members upon request. Her explanation included the following.
  - ⇨ There will be a meeting to discuss a pilot program being run at Magnet using Palm Pilot PDAs to collect information from clients rather than having them fill in paper forms.
- Dara Coan also distributed a flyer entitled, "*Meetings to Discuss the Discontinuation of the PEMS Requirement,*" copies of which are available to absent members upon request.
  - ⇨ She noted that providers were sent letters explaining that the CDC's data collection system, PEMS (Performance Evaluation Monitoring System) is no longer required.
    - This news was met with applause.
  - ⇨ She highlighted the meeting 08/11/06 for service providers, and that this would be reviewed at the Steering Committee 08/24/06 - both meetings are open to the public.

Drawing for Harm Reduction Conference in Oakland

Gayle Burns explained the drawing for this conference and that prior to the meeting the following members expressed their interest in attending the conference: William Bland, Thomas Ganger, Isela Gonzalez, Weihaur Lau, Tej Okamoto, and Abbie Zimmerman.

- ⇨ Michael Discepola, Janetta Johnson, Thomas Knoble, and Chandra Sivakumar requested that their names also be added to the list of candidates.

A drawing followed with these results.

- ⇨ Janetta Johnson and Weihaur Lau were chosen as attendees; and
- ⇨ Michael Discepola and William Bland as the first and second alternates, respectively.

Betty Chan Lew will contact Janetta Johnson and Weihaur Lau regarding details.

Presentation by members of the San Francisco HIV Health Working Group

Gayle Burns distributed two documents both entitled, "*A Call to Leadership and Action,*" one being a report and the other a presentation. Both documents are available to absent members upon request. She provided some background on the SF HIV Health Working Group, including that Jimmy Loyce, Jr, Deputy Director SF DPH convened it. The members are listed on page 14 of the report. The Working Group is a beginning of discussions and planning of what can be done as federal funding continues to be cut. She introduced Mike Smith, President of HIV/AIDS Provider Network (HAPN) to provide further background. His comments including the following:

- The Working Group's participants included CARE and prevention service providers, members of the CARE and Prevention Councils, and senior representatives of the AIDS Office.
- The Working Group saw its mission as short-term, to create a Call to Action, but now recognize the need for its work to continue into the implementation of suggestions.
- Participants will go back to their communities to explain the situation, distribute the Call to Action, and begin the process of community based planning for the future.

Mike Smith conducted the presentation, his additional comments included the following.

Slide 2 - Some of the restrictions in the Ryan White Care Act (RWCA) include the condition that 75% of the money must be used on five core issues.

- This is an enormous change to a medicalized model, as opposed to a supportive network incorporating a variety of services.
- It also means a lot less money coming into SF.
- The 'hold harmless' provisions of the RWCA will mean a 28% drop in funding coming into SF.
- The World Health Organization will propose a gradual phasing out of the diagnosis of AIDS, rather it will categorize HIV as mild, moderate, and severe.
  - ⇨ The CDC will no doubt follow this lead and will change the criteria of who gets services based on where people are in this new classification.
- The CDC's medicalization model calls for services to be provided in a medical setting, wherein there is no need for a community based model as it exists in SF.
  - ⇨ This is without regard to the success SF has experienced.

Slide 2 - The group's objection was to act proactively as opposed to reacting each year the CDC's new restrictions and/or changes of definitions or structure.

- SF has had an extraordinary model of CARE and prevention, which has reduced the number of HIV infections, and we want to continue using this community-based model.

Slide 4 - The call to Action tries to describe the current situation and the challenges coming over the next few years, as well as building a responsive community process.

- The report and presentation are intended to invite others into the process.
- Therefore, over the next few months the group will have a series of meetings to keep key constituents informed, and to encourage wider community involvement.

Slide 5 - The Working Group is not sure what form community communications will take, but it may include forums and focus groups.

Slide 6: - The Working Group does not claim to be representative of the whole community and/or all providers, and recognizes the need for greater representation.

- This will be the first city-wide, community plan for services and prevention in the past ten years, one that looks at all streams of funding, not just from the CDC.

Questions and Comments

- Michael Discepola asked if UCHAPS (Urban Coalition of HIV AIDS Prevention Services) and AIDS Action would be involved and how.
  - ⇨ Tracey Packer explained that UCHAPS and AIDS Action are not as yet engaged.
    - She noted that Gayle Burns in a member of UCHAPS.
  - ⇨ Mike Smith noted that the Call to Action looks at how we can extend what has worked in SF, rather than looking at this as how to deal with scarcity of funds.
  - ⇨ He also explained that the Working Group envisions presenting a comprehensive plan of what is needed, comparing it to available funding, and coming up with some ideas on replacing the difference, including earmarking local funds.
    - The community knows what is needed, and what must be done, without regard to funding restrictions from the CDC.
- Ed Byrom thanked the Working Group for its approach and highlighted the need for a cohesive plan that keeps in mind that CARE and prevention do impact each other.

- ⇨ He noted that there is a successful joint committee of the two Councils (Points of Integration Committee) in which issues are not looked at as either prevention or CARE.
- Tracey Packer noted that this reflects the direction HPPC is moving, including Structural Interventions and how we change the environment so that SF becomes and stays healthy.
- Tracey Packer asked about housing funding.
  - ⇨ Mike Smith explained that SF has spent about a third of its RWCA dollars on housing and that HRSA has always been uncomfortable with this, but has allowed it.
    - He added that SF has prioritized housing as a medical issue.
  - ⇨ Mike Smith explained that all of that housing money will probably be stripped out of the federal funding based on the current version of the legislation and so SF will need to find another source of this funding ($6 or $7 million).
    - The City, he added, will need to find ways of moving funding around.
  - ⇨ Tracey Packer emphasized that members and the community need to understand the impact of the changes being proposed by HRSA.

Tracey Packer introduced Lance Toma, Deputy Director of the Asian-Pacific islander Wellness Center. His comments included the following.

- He highlighted that this project puts SF at the cutting edge of community planning in which we look at community and clients holistically -- prevention, testing, and care.
- He noted that it is clear that the funds are shrinking at a faster rate than the epidemic; particularly in communities of color.
- We need to establish a different plan so that we can sustain all of the services and so that SF locally drives which services are provided and how.
- The process needs all groups involved to create a comprehensive agenda for the City.

Questions and Comments

- William Bland asked how much the other sections of the SFDPH, other than the AIDS Office, are involved.
  - ⇨ Mike Smith said that non-AIDS services must be involved for success.
    - He noted that in the past other sections didn't deal with HIV, but that people in the DPH need to be taught how to deal with HIV(+) populations.
- William Bland asked how much is the AIDS Office looking at the broader issues, including that AIDS is a manageable disease particularly impacting poor people.
  - ⇨ Mike Smith added that senior management in the AIDS Office as well as in the DPH are aware that overall good health needs to involve the whole department.
  - ⇨ Tracey Packer noted that it took time getting prevention and CARE talking and working with each other, and now good health needs to expand to all parts of the SFDPH.
  - ⇨ William Bland said that it may look as if only now, as its funding is being cut, that the AIDS Office wants to collaborate with other departments.
- Thomas Knoble said that it is a significant accomplishment to have CARE and prevention working together.
  - ⇨ Gayle Burns noted that there has been a lot of hard work but we have come a long way.
- Perry Rhodes III said that collaboration may seem a bit self-serving, but we need to think of how to talk with other departments and help them get over that possible perspective.

- Michael Discepola suggested looking at the idea of an AIDS diagnosis as being "*ruby slippers*" and opening services up for people.
  - He suggested looking at how to move people with AIDS diagnoses from services back to work and/or into alternative services.
  - ⇨ Mike Smith said the Working Group discussed exit strategies -- finding healthy ways to help people exit supportive services and help them get back on their feet.
- Michael Discepola said that the Federal Government needs to understand that it can't just turn on and off the funding spigot.
- Billie Jean Kanios said that SF is likely to lose $6-12 million, but that it is unknown what the complete effect would be to existing non-HIV programs of sharing funding sources.
- Mike Smith said that the Federal system of matching funds punishes success; the better we do at prevention, the less prevention dollars we seem to need.
  - ⇨ He added that this is true of the CARE side too.
  - ⇨ He questioned if SF's new Health Access Plan as proposed would backfire in regards to CDC funding; because it may be construed that SF doesn't need help since it is able to provide healthcare to all.
- Isela Gonzales said that she hears from newly diagnosed HIV(+) people that now they can get housing and other services.
  - ⇨ She observed that there are two different groups: people with long-term HIV(+), who know what is available, and people at high risk or newly sero-converted.
  - ⇨ Communicating with these different groups, she noted, requires different approaches.
- Angie Baker said that young people think that there will be housing for them when they age out of youth services, so this is a challenging situation.
  - ⇨ She added that while providers try to change that attitude among clients, as many of them are capable of independence, but they still need support to be independent.
  - ⇨ Mike Smith said that there is a widespread misconception about housing.
- Ken Pearce said that he has heard rumors that because of the possible redefinition of HIV and AIDS people on Social Security disability, Medicare, and with private disability insurance will have to be re-certified, adding that this is starting to create a panic.
  - ⇨ Mike Smith said that the changes he has seen from Social Security would not be retroactive, although this may be different for insurance companies.
- Ed Byrom expressed concern about the dissemination of information causing panic.
  - ⇨ He said that information about changes in available services needs to be well planned in content and the timing of its release.
- He added that funding for services must not be allowed to be stopped abruptly.
  - ⇨ Mike Smith said that funding for housing from CARE will have to be replaced by SF General Funds, which has the advantage that the latter is not time-limited whereas CARE provided housing will be limited to two-years.
- Ed Byrom then questioned how long housing funds would be available from SF General Funds.
- Derrick Mapp expressed concern that people may make decisions based on proposed, or potential, redefinition of terms and restructuring of funding.
  - ⇨ He pointed out that redefinition or restructure need not be extreme and expressed the need for settled definitions and descriptions of structures.

- ⇨ He noted that this is not the first time HRSA, or other funders, has changed funding streams and that by working with them we have ensured that our clients got what they needed.
- ⇨ He suggested this is an opportunity to influence funders about what is needed, that SF can be the leader in defining the concepts and structures.
- ⇨ Mike Smith said that this exactly what the Call to Leadership and Action is about.

- Gayle Burns observed that this is only the beginning of the Council's discussions on these topics, and our responses to the actions of our funders.

The attendees joined Gayle Burns in thanking Mike Smith for the presentation, and expressed their appreciation with applause.

Cooperative Agreement

Tracey Packer distributed copies of the presentation entitled, "*2007 Cooperative Agreement,*" and the supporting document entitled, "*Review of Performance Measures for 2007,*" copies of both documents are available to absent members upon request. She conducted the presentation, which included the following comments in addition to the written text.

- She asked for a show of hands of members who have received a draft of the Interim Progress Report (IPR) and all indicated that they had received it.
- The draft did not include the section on the Prevention With Positives (PWP), which was still in progress.
- This presentation was originally presented at the Steering Committee meeting (07/27/06), but has been edited slightly since then.
- The presentation focuses on plans for 2007.

Slide 4 - the CDC still refers to Counseling Testing and Referrals (CTR), whereas SF using the term Counseling Testing and Linkages (CTL)

- ⇨ In 2007 Community Substance Abuse Services (CSAS) section (now called CBHS – Community Behavioral Health Services) of the SFDPH will hire someone to oversee counseling.

- Mike Discepola asked if there is data on the RNA tests.
  - ⇨ Trace Packer explained that RNA tests are used for people testing negative who have engaged in risky behavior within the previous 60 days and are being tested in the pilot programs at AIDS Health Project (AHP) or Magnet.
  - ⇨ In response to his additional question, Tracey Packer and Frank Strona indicated that they didn't have data at hand regarding the number of HIV(-) rapid tests that came back positive using RNA.
  - ⇨ Frank Strona will email that information to Eileen Loughran for distribution to members.
- Frank Strona also noted that what is being shown in the IPR is not the whole story of what is being done in SF, but rather only information in direct response to CDC's questions.
- As regards the plans for 2007, the CDC asked only about the three issues addressed here.
- Tracey Packer said that SF may get funding to develop a protocol, as a demonstration project, to confirm a rapid HIV(+) while people are still at the test site.
- William Bland asked about the discordant test results reported earlier in the year.

- ⇨ Tracey Packer explained that the discordance was that some HIV(+) tests results later proved to be incorrect and should have been HIV(-).
- ⇨ It was also determined that there were similar reports all around the country, but all, including SF's were within the specified range of accuracy.
- ⇨ Ideas for explaining these "*discordant results*" vary, and include operator error, and the possibility that flu shots interfered with the results.

- In response to Colin Partridge's question Tracey Packer explained that the questions in the IPR are standard throughout the US.

Tracey Packer asked members to comment on things that jumped out to them upon first reading the IPR. She explained the Steering Committee agreed upon this timetable:

- ⇨ The committee will review the whole at its 08/24/06 meeting;
- ⇨ It will make a recommendation for approval at the 09/14/06 HPPC meeting; and
- ⇨ Based upon approvals obtained at this and its 08/24/06 meeting the committee will send the IPR and Letter of Concurrence to the CDC to meet the 09/15/06 deadline.

She asked if there were any objections to this timeline, and none were offered.

Slide 6 - Perinatal Transmission Prevention

- Colin Partridge asked if plans to use Rapid Testing would be included in the IPR.
  - ⇨ Tracey Packer said that it should be and will be included.

Slide 9 - Last year the CDC project officer thought SF should be more specific on what is being done about assessing capacity needs and it is a topic that will be worked on in 2007.

- ⇨ The new website (www.SFHIV.gov) is reported to be launched in 2007, but is ahead of schedule and will actually be live on 08/23/06 due to the assistance of Matt Jennings.
  - This news was met with applause.

Slide 10 - This narrative is not done yet because the data is still in development. The IPR will mostly quote and use the Plan document for things other than DEBIs

Slide 11 - Still being worked on, and this is where the IPR will discuss the successful collaboration between prevention and CARE in SF.

Slide 12 - There will probably be no new public information campaigns between January and June 2006 due to the July 2004 RFP.

Slide 13 - In 2007 SF would also like to develop a program in which everyone working on PWP can come together and share results and perspectives.

- ⇨ SF may do the same for Health Education/Risk Reduction (HERR).
- ⇨ Tentatively called West/Pendo TECH (Training and Education Center on HIV):
  - Named for AIDS activist, educator, mentor to many working in prevention, and former Council Member John Blake West, and Mike Pendo, former HIV Prevention Section staff member;
  - Will put everything regarding technical assistance and training for providers and communities under one umbrella; and
  - Will be discussed in more detail with the Council later.

- Thomas Knoble suggested including in the West/Pendo TECH's mission statement.
  - ⇨ He also suggested sharing what has been learned with other jurisdictions that may not have the resources and freedom enjoyed here.

- Frank Strona added that it is also a good place to do training and development of programs that aren't getting funded elsewhere, such as outreach, needle exchange, and other issues.
  - ⇨ Tracey Packer invited members to provide their ideas on their evaluation forms, or in writing later, and the new HIV Educator will work on developing this.
- William Bland suggested including both basic and advanced DEBI training for providers.
  - ⇨ Tracey Packer said that the plans are building program mangers' capacities, and that most already have basic DEBI skills and program development / implementation skills.

Slide 15 - This section is still being worked on, members should get drafts in the next week.
- ⇨ Questions or comments about it should be directed to Israel Nieves-Rivera.

Slide 19 - Refer to Willi McFarland's presentation, including the increase in the size of the Gay/ MSM population; thus the rate decreases at the same time the number increases.
- ⇨ Indicator A-2: The Epi Section estimates that this group is about 8% of the total.
- William Bland asked the Incidence Rate for the whole of SF.
  - ⇨ Dara Coan responded that we don't know the exact rate overall, only estimates by BRP.
  - ⇨ Tracey Packer and Dara Coan explained that Incidence is usually reported as a percentage of the At-Risk Populations; and in SF the rates are declining.
- William Bland then asked if we adjusted the projected number of new infections.
  - ⇨ Tracey Packer indicated that we are anticipating a decrease in the number for 2006, but not as much as we had hoped due to the increase in the Gay/ MSM population.
  - ⇨ She explained that in 2004 the estimate was 1,016 new infections, and the goal was reduction to 508 by 2008, which would project about 600 in 2007.
- Responding to Ken Pearce's question, Tracey Packer explained the change in the baseline population size is explained in the footnotes.

Slide 20 - CTL
- ⇨ Indicator B1: Numerator (N) is number of new *confirmed* HIV(+) test results.
- ⇨ Indicator B2: N is the number of new *confirmed* HIV(+) tests returned to the client.
- ⇨ Indicator B3: Denominator (D) is the number of programs' tests processed at DPH labs
  - There are seven organizations funded directly by HPS to provide CTL, and there are 14 other organizations, not directly funded, but get test kits or training from HPS.
  - Of the seven directly funded organizations, five are equal to or greater than the target set in Indicator B1.
- William Bland asked why the number of HIV(+) test results (N) in B1 isn't the same as the number of HIV(+) tests results (D) in B2 [440 and 462 respectively.]
  - ⇨ Dara Coan indicated she would find out if they should be the same numbers, and if not why they are different, and report back to members with an explanation.
- William Bland then asked about the difference between the 440 new HIV(+) test results and the total of 711 new infections.
  - ⇨ Tracey Packer explained that the 711 include tests done in private labs and the 440 tests done by DPH labs.
- Responding to Michael Discepola's question Tracey Packer said that sites being funded for CTL outside of DPH are giving data to the DPH.

Slide 21 - Partner Counseling and Referral Services (PCRS)

- ⇨ Indicator C1: D is number contacted to have a test, N is the number who got tested and Performance Measurement (PM) is the percentage of tested to those notified.
- ⇨ Indicator C2: D is the total number of PCRS referrals tested, N is the number who tested positive, and PM is the percentage of those testing HIV(+) to the total tested.
- ⇨ Indicator C3: D is the number of all contacts identified, N is the number who tested HIV(+), and PM is the percentage of those testing HIV(+) to the total identified.
  - The difference between the D in Indicator C3 and D in C2 (128 and 56, respectively) is that C3 refers to all contacts of which 72 (the difference between 128 and 56) is the number of people who were aware of their HIV(+) serostatus.

- Michael Cooley noted that the "*Review of Performance Measures*" document provides somewhat fuller explanations of N, D, and PM for each indicator.
- Emalie Huriaux asked if there is a time window for people who were contacted.
  - ⇨ Tracey Packer said that some cases are still open, and that this data reflects only those results which have been confirmed and completed contacts.
  - ⇨ Thomas Knoble noted that City Clinic offers RNA tests for confirmation.
  - ⇨ William Bland also noted that the "*Review of Performance Measurements*" document also explains that (D) is limited to those tested within three months of being contacted.

Slide 22 - Of the total 8,200 births only about 1,200 are at General Hospital, and 1,500 at UCSF, which are the only sources of birth data available.
  - Births in private hospitals, or other non-DPH funded venues are not required to, and do not report whether HIV tests were administered.

- Colin Partridge reported that there is a fairly high acceptance rate of testing at General Hospital, even before implementation of universal Rapid Testing.
- Tracey Packer and Colin Partridge reported that prior to Rapid Testing about 49% were tested, and it has probably gone up.

Slide 23 - Although the SF Plan identifies eight BRPs, the Council agreed to recognize HIV(+) people as a ninth BRP for purposes of CDC reporting.
  - ⇨ Indicator E2: The CDC sets what the key attributes are, and the Council determines what percentage has occurred.
    - The PM number is not 100% because at any time some members are new and/or unaware of all of the processes used by the HPPC.
  - ⇨ Indicator E3: Everything that's in the Plan is in the application, except Needle Exchange, which the CDC does not fund.

Slide 25 - HERR
  - ⇨ Indicator H2: Took the data from the ELI system and extrapolated.

- Abbie Zimmerman asked if D in Indicator H2 should correspond to the total D in H1.
  - ⇨ Dara Coan explained that the difference might be that we included Outreach and Needle Exchange in D of H2, but she would check and get back to the Council.
  - ⇨ Tracey Packer suggested that the D numbers should correspond more closely so that the reviewer at CDC doesn't question this.
- Derrick Mapp suggested the notes explain the difference between numbers in H1 and H2.
- Michael Cooley noted that the number of interventions needed to get people into services (H3) isn't useful because people want to participate in some interventions and others not.

- ⇨ He added that the total number might, however, be useful by intervention type.
- Emalie Huriaux suggested including in the narrative that Outreach builds relationship between providers and at-risk people.
  - ⇨ Tracey Packer suggested adding a note to that effect and asked if members would support that. There was agreement by consensus.

Slide 26 - If Evaluation were done the way SF wants this data requested in L2 would be available.

- Michael Cooley noted that Indicator L2 presumes that CRCS (PCM) is the only intervention that impacted risk reduction, which simply is not true.

Tracey Packer explained that members' input is very valuable and that it is important that members understand the IPR.

- ⇨ The attendees expressed their appreciation for the presentation with applause.

Motion was made and seconded to approve the Indicators section of the IPR as presented, including the changes and clarifications noted during this meeting. The vote was by roll call.

Member	Vote
Angie Baker	Yes
Gayle Burns	Yes
Edward Byrom	Yes
Chadwick Campbell	Yes
Michael Cooley	Yes
Isela Gonzalez	Yes
Emalie Huriaux	Yes
Matt Jennings	Yes
Janetta Johnson	Yes
Billie-Jean Kanios	Yes

Member	Vote
Thomas Knoble	Yes
Weihaur Lau	Abstain
Derrick Mapp	Yes
John Newmeyer	Yes
Tracey Packer	Yes
Colin Partridge	Yes
Ken Pearce	Yes
Perry Rhodes III	Yes
Frank Strona	Yes
Abbie Zimmerman	Yes
Total Yes	19
No	0
Abstain	1

The motion was approved.

Summary, Evaluation, and Closure of Meeting

Gayle Burns reminded members to fill in their evaluation forms. The meeting adjourned at 5:46 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Eileen Loughran ,Dara Coan and Gayle Burns.

The next HPPC business meeting, will be Thursday, September 14, 2006 at the Quaker Meeting House, 65 Ninth Street, San Francisco.

HIV PREVENTION PLANNING COUNCIL
Minutes
September 14, 2006

Members Present:
Angie Baker
William Bland, Emeritus
Gayle Burns
Edward Byrom
Michael Discepola, Emeritus
Thomas Ganger
Isela Gonzalez
Dee Hampton
Emalie Huriaux
Matt Jennings
Janetta Johnson
Billie-Jean Kanios
Tom Kennedy
Thomas Knoble
Weihaur Lau
Derrick Mapp
Joani Marinoff, Emeritus
John Newmeyer
Tei Okamoto
Tracey Packer
Colin Partridge
Perry Rhodes III
Gail Sanabria
Chandra Sivakumar
Gwen Smith
Frank Strona

Members Absent:
Chadwick Campbell
Ken Pearce*
Abbie Zimmerman*

HIV Prevention Section:
Dara Coan
Vincent Fuqua
Guillermo Gonzalez
Betty Chan Lew
Eileen Loughran
Israel Nieves-Rivera
Michael Paquette
Lisa Reyes

Guests:
Helen Ruan, WFG
Rick Gerharter, BAR
Michael Petrelis
Eiko Sugano, Connect to Protect
Jacob Laurent, Connect to Protect
Rakle Welburn, Trans/UCSF
Michelle Bakken, TL Health
Matthew Bajko, BAR
Eric Whitney, ISIS
Jen Hecht, STOP AIDS
Mark Utterback, STOP AIDS
Angel Fabian, AGUILAS
Walter Chang, UCSF/CAPS
Kojz Sakakibava, UCSF/CAPS
Elena Flores, SFSU
Margaret Rhee, SFSU

Harder + Co.:
Aimee Crisostomo
Clare Nolan
Ray West (Note-taker)

Process Evaluation Team:
Kathleen Roe

* These members informed the Chair in advance of their absences.

Welcome, Introductions, and Announcements

Gayle Burns, Community Co-Chair called the meeting to order at 3:05 PM. She welcomed attendees and explained that the facilitating duties rotate between the three Co-Chairs. She noted that Perry is the facilitator for today and would arrive soon.

- Billie-Jean Kanios – Praised HPPC and HPS website for revision (SFHIV.ORG).
- Michael Discepola announced there will be project training regarding meth and gay men harm reduction coalition all day training and information is available by calling 510-444-6969.
- Thomas Knoble announced that on 9/25 and 10/7 a pilot training will be conducted for disclosure issues specific for prevention for positives and prevention contractors.
- Gail Sanabria thanked Tracey Packer for participating in a focus group with the State Office of AIDS on guidance for 2008-2010.

- Derrick Mapp announced that a celebration of life will be held for Rickey Williams on Saturday, September 16th, at the City of Refuge.
- Joani Marinoff announced that she would be taking a sabbatical in 2007.
- Tei Okamoto announced that if anyone needs transgender or gender variance sensitivity please contact her.
- Emalie Huriaux announced that on Saturday, September 23rd, there will be an overdose awareness event. She also brought up Nov. Harm Reduction Conference, which will take place in Oakland, CA. She encouraged organizations to sign up to share tables at the conference in order to provide prertinant prevention information to conference guests.
- Matt Jennings announced that today's Council meeting will be his last meeting as a HPPC member. He accepted a job with the HPS to work on special projects.
- Tracey Packer introduced Ray West as note taker.
- Tracey Packer introduced new HPS Health Educator, Michael Paquette. He will be working on trainings and main liaison with STD Prevention and Control and will also work on meth issues.
- Vincent Fuqua announced that on 9/28 Thriving and SFGMI Poz/Neg Bridge the Gap symposium will be held and all participants are encouraged to come to this event.
- Gayle Burns announced that Abbie Zimmerman and Ken Pearce will be absent.
- Ju Lei from the Membership Committee announced the opportunity for mentoring to new members. If interested, please fill out index card and return to her.
- Gayle Burns announced that on Saturday from 11-7 there is a Pow Wow for Medicine Warriors in Oakland.
- Gayle Burns encouraged Council members to help in the recruitment efforts for the needs assessment with late-testers. She reminded members that Harder+Co. is doing interviews with "late-testers" or people who tested positive in the last 3 years and within a year was diagnosed with AIDS. The needs assessment is very important and will help to identify the prevention needs of late-testers.

Perry Rhodes III began facilitating the meeting from this point.

Review and Approval of Minutes of August 10, 2006

Motion was made and seconded to approve the minutes from the August Council meeting. There were no objections. The minutes were approved. Gwen Smith abstained.

General Public Comment

1. Jacob Laurent, UCSF's Connect to Protect has been funded for Mpowerment, a structural change initiative focused around prevention with young gay and bisexual men between the ages of. He stated that this a 16-24 peer leadership program with a core group of 15 - 20 young MSM and plan social events for the community. This program creates a curriculum that is self determined and prevention messages are diffused during the program and the idea is there will be widespread HIV prevention. The first meeting will be on Friday, September 22nd from 6-8:30 and is an overview of the core group and about empowerment. He encouraged agencies with youth involvement or staff to come. He also stated that this initiative is looking to have a steady/stable

meeting site. If anyone knows of open meeting locations, please take a business card and let him know.

2. Michael Petrelis discussed the theme of violence in syphilis prevention advertising. Six years ago, the Bay Area Reporter (BAR) published a syphilis ad featuring a time bomb. He held up a poster/advertisement distributed by and paid for by the (SF) DPH, and that the ad that ran in Bay Area Reporter newspaper that was paid for by DPH. He then felt every issue of BAR dropped 35,000 bombs on the community with a fear message and thinks of bombs being dropped. With 25 years of AIDS controversy, the cumulative effect leads to drinking, drugging and unsafe sex. He stressed that what "we need positive reinforcement in the reduction of rates and SF has responsibility to be more intelligent in the prevention and should move away from controversy. We have had a quarter century of alarmist messages that have demonized us that have said we are diseased or at risk of disease. Please be intelligent and move away from this."

Member Response

- Frank Strona responded that STD Control and Prevention is hosting a positive reinforcement seminar and empowerment focus. This will be held in late November or early December and people will not leave feeling battered and be able to recognize the success that both locally and nationally we have put together.
- Tom Kennedy agreed that there are better strategies available and the community should also not sound the bells of controversy.

HPPC Co-Chairs/Steering Committee Written Report

Isela Gonzales thanked the Co-Chairs for including a piece on AB 1677, which would allow condoms to be distributed in State prisons.

Israel Nieves-Rivera suggested all persons present should call Governor Schwarzenegger directly to encourage him to sign AB 1677.

Emalie Huriaux stated that while AB 1677 is great news, John Laird for pulling the Syringe Bill.

Thomas Knoble and Emalie also suggested that the Steering Committee communicate with Mr. Laird inquiring why this bill was pulled. The group was in consensus to send this item to the Steering Committee.

Cooperative Agreement (Attachment A)

The Cooperative Agreement was jointly presented by Israel Nieves-Rivera and Perry Rhodes III.

Perry discussed the timeline of the HPPC review process from June 8th until this meeting and the presentation of the letter of concurrence. This was an exhaustive process that involved a review of draft 2007 Performance Measures and highlights of what the HIV Prevention Section was planning to report in the narrative. This process also involved a review of the budget summary of the Interim Progress Report (IPR).

Israel presented the review of the budget summary. After completion of the review, the summary was sent to the council for feedback via Survey Monkey. The completion deadline of the budget survey was August 31, 2006.

There are two (2) budget categories in the IPR, contractual and administrative.

- Contractual represent contracts with community based organizations and Memorandums of Understanding (MOUs) with other Department of Public Health programs.
- Administrative is the total amount of the CDC award that is administrative. The current administrative budget is $3,092,364 which represents 34% of the CDC budget.

Questions

To what extent do our progress reports mirror other progress reports from around the country?

Israel stated that the IPR applications ask many specific questions, and to keep it simple, the HPS answered the specific questions very directly. He also stated that the IPR application is standardized across the nation. Additionally he stated that the Steering Committee asked for minor changes and those were completed. They attempted to not confuse the reader. This is part of national reporting system.

Derrick Mapp asked that for the sake of clarity that the differences between letter of concurrence and letter of concurrence with reservations and also letter of non-concurrence.

Israel reminded the group that a letter of concurrence means the HPPC is supporting the HPS plans for 2007 indicators. A letter of concurrence indicates that the IPR reflects the HIV Prevention Plan.

Letter of concurrence with reservations mean that there are points that are not completely supported while a letter of non-concurrence indicates no support for the actions.
He mentioned that at the previous meeting everyone in attendance approved the indicators and that the Steering Committee approved them as well.

Motion to approve letter of concurrence. The HPPC agrees with the actions planned for 2007 and supports providing a letter of concurrence.

Member	Vote
Angie Baker	Y
Gayle Burns	Y
Edward Byrom	Y
Chadwick Campbell	Absent
Thomas Granger	Y
Isela Gonzalez	Y
Dee Hampton	Y
Emalie Huriaux	Y
Matt Jennings	Y
Janetta Johnson	Y
Billie-Jean Kanios	Y
Tom Kennedy	Y
Thomas Knoble	Y
Weihaur Lau	Y

Member	Vote
Derrick Mapp	Y
John Newmeyer	Y
Tei Okamoto	Y
Tracey Packer	Y
Colin Partridge	Y
Ken Pearce	Absent
Perry Rhodes III	Y
Chandra Sivakumar	Y
Frank Strona	Y
Frank Strona	Y
Abbie Zimmerman	Absent
Yes	22
No	0
Abstain	0

The motion was approved.

Forensic AIDS Project (FAP) Delivers: Working Behind Bars

Objective: To inform HPPC members about the services provided in the San Francisco County jails, and to hear about the challenges working within the criminal justice system.

Kate Monico Klein, Director of Forensic AIDS Project (FAP) spoke about the background of the organization prior to a presentation by the Counseling and Testing team. Started in the 1980's with one social worker, the organization is now a part of Jail Health Services as the DPH branch responsible for approximately 50,000 prisoners who pass through the jails annually. This county is currently only one of six jurisdictions with condom distribution in jails and a broader distribution is being investigated.

Kate also discussed the expansion of services over the years through the use of CARE funding. Currently, FAP is able to provide HIV and hepatitis counseling, testing, vaccination and education and also provides primary care, discharge planning and case management.

The demographics served in 2004 included:

- 89% men, 11% women
- 55% African American
- 21% Latino
- 19% Caucasian
- 5% Asian Pacific Islander
- 28% report that they are homeless and
- 5% is transgendered according to FAP's suggested numbers

The FAP Counseling and Testing team works in several facilities. This includes three jails at the Hall of Justice, on two wards at San Francisco General Hospital and in two jails in San Bruno.

Challenges basically revolve around funding issues. This includes funding for health education groups, to coordinating transgender services.

The FAP counseling and testing team then began their discussion regarding their work with FAP and the incarcerated.

Marcos Banales gave an overview of the environment in the jail system. He noted that the priority of the Sheriff's dept. is security and control. A noticed barrier to effective service is jail staff turnover and the lack of knowledge of the organization and its role with the jail. Lockups, lockdown, shakedowns and client refusal due to timing issues also create barriers to service.

Alonzo Harden discussed HIV testing in the jail system. They maintain a voluntary HIV testing list that generates from medical and psychiatric staff. This request list can be between 40-80 persons a day that request testing.

Testing is done in two (2) ways: conventional and rapid testing. The reasoning for offering different ways is due to the lack of space in some facilities and most prefer rapid testing. Rapid testing began in October 2004 as pilot, the program has expanded to three locations. These jail locations include San Bruno, Hall of Justice and San Francisco General Hospital.

Alonzo also reported the percentage rates for overall HIV testing were:

- Conventional 70%
- Rapid testing 30%

Sylvia Guatemala then discussed her work with females and the outreach work done with intravenous drug users (IDU's). Sylvia works with female inmate IDU's. She provides health education twice a month using the FAP 8 week health education curricula.

Topics in the curricula include:

- HIV prevention and testing
- Hepatitis C
- Birth control
- Sexually transmitted diseases
- Tuberculosis – among other health related topics.

Common issues shared by female inmates are:

- Rape
- Fear of loss of children and their after care.

To address these issues, community collaborators are integrated into the outreach process. They offer Hepatitis A/B vaccination and liver function testing in addition to HIV testing (rapid) and home access test kits for Hepatitis C.

Marcos then discussed the hepatitis home access testing. This access is new to San Francisco Jails and began in November 2005. The focus population for the program is Intravenous Drug Users (IDUs).

The test is home administered and is conducted by a finger stick test. A questionnaire about risk behavior for Hepatitis C is asked. The specimen is mailed in for evaluation and a personal identification number is issued with results available in approximately two (2) weeks.

The advantages to this type of testing include the ease to carry and perform in a jail setting. If the inmates are released prior to the results, they may call a toll free number to be given their result.

Marcos also conducts classes for barriers for behavior change. There are two (2) groups, San Francisco and San Bruno, with Latinos of different backgrounds. There are also a high percentage of undocumented participants. These groups meet twice a month with 4 to 20 participants. There is an emphasis on domestic violence in these classes. The class is used as a way to outreach for HIV/HVC testing and also to enhance risk behavior change in collaboration with Mission Neighborhood Health Center (MNHC) and Men Alive. Counselors are invited to run groups making linkages between Latinos and programs and stress reduction is also a focus in the classes.

Isela Gonzalez then discussed the services that the team offers to incarcerated transgenders and the community collaborations they maintain. Isela elaborated that the work of FAP is enhanced by collaboration.

FAP has conducted specific health education groups for the past seven (7) years. A curriculum was developed to address the specific needs of the participants to include:

- Hormone therapy
- Self esteem
- Drug treatment readiness
- Self advocacy
- Accessing services in the community

Weekly and bi-weekly Healthy Relationships and Seeking Safety curriculums are conducted with community collaborators. There remains an express need for advocacy for alternative sentencing for transgenders.

Isela then discussed the barriers for incarcerated transgenders which include:

- Discrimination from inmates and deputies lack drug treatment services.
- Normal population status separates the trans population and gives them little access to programming.
- Transgenders are housed separately
- Lack of access to in-jail drug treatment services

Kate then summarized the presentation stressing linkages to services, focusing on not creating a middle universe between jails and the community, the transitioning of people into the community to reduce risk of return to jail and the barriers to service. Also of importance is the Home Access kit success is because clients can get their own results. Of considerable concern is continued funding for health education and a need to coordinate transgender services.

HPPC is urged to initiate a discussion on designating the jails as its own risk population and support the current legislation on the Governor's desk allowing widespread condom distribution in the city.

Questions/Comments

Weihaur Lau inquired about whether an inmate discloses sexual activity in jails and comes forward.
FAP – Yes, and discussions revolve a lot about sexual identity issues. Lately during risk assessment, men are disclosing that they are MSMs. They also feel safe to disclose that they are sex workers, if that is the case.

Dee Hampton inquired about the 40-80 requests for testing a day.
FAP –Staff responded that they have the staff capacity to test 20+ per day. Days that they can offer a rapid test, they can test 6 each.

Dee then requested information regarding the seroconversion rate.
FAP - Kate responded that the results with 1% of testing were:
5 African Americans
2 Latino
1 Caucasian
8 as heterosexual/1 transgender
With a larger number of IDU representing 63% with 8 people

Derrick Mapp asked about community program development strategies are in place for the African American community.
FAP works with community providers and connecting with people works best. Also compete with other programs in the jails.
Derrick: Has an evaluation been completed regarding the efficacy of rapid testing?
FAP – In the time that they have been doing rapid testing, only one discordant case has occurred. It was reported and all protocols were followed.
Derrick questioned being there at the sheriff's pleasure and whether it is a red flag. Does FAP have any policy recommendations that will strengthen the project just being "at the pleasure."
FAP - The Sheriff is legislatively responsible for whatever happens in the jails and it is a fine balance. FAP feels blessed to be in the SF jail system and senses a bit of synergy.

Gayle Burns asked about any information being collected regarding the Native American community. Native Americans are often given Spanish names, which if just a surname is used to define ethnicity, the fact that they may be Native American will be lost.

FAP - 2004 snapshot is the last time information was gathered and was done by the jail system. It is gathered, and less than 5%, and might be less than 1% but have to self disclose.

Emalie Huriaux asked if sex workers are reluctant to test since if they test positive and get caught having sex work again the charge becomes a felony.
FAP – no, they want to get tested each time they go to jail.

Emalie Huriaux then asked about the mandated testing bill submitted by Maxine Waters and asked about any FAP recommendations regarding this bill.
FAP - mandated testing sounds good but unless they implement addressing the needs of those that test positive, their work is futile. To do things in prisons must have support. FAP has fought mandated testing since the 1980's.

Gwen Smith announced that the Southeast Health Center has an excellent relationship with FAP and currently 50% clients of their client are referred by FAP.

Joani Marinoff appreciates the team presentation. She then asked about sexual risk and Hepatitis testing. Has there been any correlation of data?
FAP - Information is available and the co-infection of HIV is present. Since their focus is inmates, testers tend to be IDUs and sexual activity is a rare mode of transmission.

A Tale of Two Studies: Project T and the PrEP survey (Attachment B)

Albert Liu presented an update on pre-exposure prophylaxis (PrEP) research in San Francisco along with results from the PrEP Survey on awareness and use among gay and bisexual men.

The presentation considered the following:

- An introduction to PrEP
- Distinctions between PEP and PrEP
- Use of Tenofovir as a PrEP agent
- Overview of PrEP trials and Project T
- Off label/community use of PrEP use: PrEP survey

PrEP is considered a promising but unproven strategy. This is based on this type of therapy used in malaria and mother to child HIV transmission treatment. This may be useful in men who have sex with men, sex workers, intravenous drug users and sexually active men and women in Africa.

Slide 12 discusses the differences between PEP and PrEP with respect to:

- Timing of initiation – treatment immediately after exposure vs. beginning before exposure and continuing through the behavior risk
- Duration – 28 days vs. daily (ongoing)
- Exposure type – isolated vs. recurrent
- Identification of risk event – accurately defined in real time vs. no need to identify risky event

Slides 13–15 discuss the use of Tenofovir and its efficacy and side effects in HIV Positive persons as well as the results of treatments in animal studies.

An Overview of Project T began with **slide 18**.

- A CDC-sponsored phase II clinical trial of daily oral Tenofovir in 400 HIV-negative MSM

- Primary objectives:
  - Biomedical safety and tolerability of TDF
  - Behavioral safety: Impact of taking daily antiretroviral pill on risk taking behavior
- Secondary objectives:
  - Adherence to daily study pill
  - Resistance patterns, HIV infections (not powered for efficacy)
  - Social impact of trial participation

Slide 19 displayed the Project T study design:

- Randomized, double-blinded, placebo-controlled trial of 400 HIV-negative MSM
- 3 sites in US
  - SFDPH
  - AIDS Research Consortium of Atlanta
  - Fenway Community Health, Boston
- Eligibility criteria include:
  - Healthy, sexually active HIV-negative MSM
  - Age 18-60
  - Normal kidney function and bone density at baseline
  - Not taking any medications toxic to the kidneys
- Community input (from CAB and other community members) has been critical in design and implementation of Project T

After discussing the 2 arms of the study in detail and the protective mechanisms in place for the participants, the presentation moved to the Off label/community use of PrEP use: PrEP survey.

Slide 26 discussed anecdotal reports in the media that people may be already using PrEP/CAP for prevention outside clinical trials. There was an article from the LA times in Dec 2005 with the headline, "AIDS pill as party drug...". It described individuals as taking a T, and says that Tenofovir is being sold in packets along with Viagra and Ecstasy in dance clubs.

Slide 27 presented the results of a survey conducted at 5 minority gay pride (MGP) events in 4 cities in 2004.

The only available quantitative data on this topic is from Scott Kellerman, presented last year in Brazil. This was a CDC survey in 2004 among men and women attending MGP events in 4 US cities. While there were some differences across sites shown here, this survey showed overall one quarter of respondents had previously heard of PrEP, and surprisingly 7% reported prior PrEP use.

This was concerning because in absence of safety/efficacy data, PrEP use could lead to individual and community harm. For example, behavioral disinhibition in individuals who believe a pill could protect them from HIV acquisition might actually increase their risk of infection.

To conclude, contrary to prior reports, PrEP use appears to be rare in 3 different samples of gay/bisexual men. Although PrEP awareness was limited in these groups approximately 2/3 would use PrEP in the future if proven safe/effective. In addition, risk behaviors were

associated with PrEP awareness and anticipated future use of PrEP. This highlights the importance of reinforcing that PrEP would need to be integrated into existing prevention strategies and would not be a replacement for these measures.

Questions

Joani Marinoff inquired about the use of PEP considering its extreme expense.
AI – Most can get prescriptions from their health care provider because they are not disclosing and the provider will not know if they are positive or not.

Frank Strona expressed concern regarding the fiscal aspect of the treatment. In obtaining data, were people going to be asked "how much will you pay for treatment out of pocket?", and what is price point interest?
AI – Access is a critical issue that has been brought up with respect to who will pay. One course of treatment is 4-500 dollars and discussion about the possibility of insurance paying for this and what settings is PrEP to be provided needs to be looked at. The cost effective analysis is being looked into.

Derrick Mapp expressed concern regarding PrEP and PEP identification clarifications.
AI – This topic was discussed in Toronto and the terms are similar and the focus group was asked how to clarify term issues. In his opening address at the conference, Bill Gates used a new term of oral prevention, (CAP) Continuous Antiretroviral Prevention.

William Bland asked if internet groups were considered in the test.
AI – No, but surveillance is piloting a new internet survey and results have been extremely low.
William then questioned why there were high odds with the Caucasian model.
AI – There is not a good rationalization of why.

Summary, Evaluation, and Closure of Meeting

Perry reminded members to fill out their evaluation forms. The meeting was adjourned at 5:50 p.m.

Minutes Prepared by Ray West and reviewed by Aimee Crisostomo, Lisa Reyes, and Tracey Packer.

The next HPPC meeting will be Thursday, October 12th, 2006 at the Quaker Meeting House, 65 Ninth Street, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, September 14, 2006
3:00-6:00 pm

DOCUMENTS DEPT.
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Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

14-07-06P01:35 RCVD

Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, and Announcements**	**Perry Rhodes III**
3:10 pm	**Review and Approval of Minutes of August 10th (Vote)** Objective. To discuss and approve the minutes from the most recent council meeting.	**Perry Rhodes III**
3:15 pm	**General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**Perry Rhodes III**
3:25 pm	**Member Response to Public Comment**	**All**
3:35 pm	**HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. ■ Update on the San Francisco HIV Health Working Group ■ Update on upcoming UCHAPS/USCA ■ Update on Assembly Bill 1677- Condoms Distribution in Corrections	**Perry Rhodes III**
3:45 pm	**Cooperative Agreement (IPR) (VOTE)** Objective: To discuss the IPR application to the Centers for Disease Control (CDC) & Prevention for prevention funding and approve a letter of concurrence stating that it matches the 2004 HIV Prevention Plan.	**Israel Nieves-Rivera** **Gayle Burns** **Perry Rhodes III**
4:05 pm	**Break**	**All**
4:15pm	**Forensic AIDS Project (FAP) Delivers: Working Behind Bars** Objective: To inform HPPC members about the services provided in the San Francisco County Jails, and to hear about the challenges working within the criminal justice system.	**Kate Monico Klein** **Isela Gonzalez** **Marcos Bañales** **Alonzo Harden** **Sylvia Guatemala**
5:15 pm	**A tale of two studies: Project T and the PrEP survey** Objective: To provide HPPC members with an update on pre-exposure prophylaxis (PrEP) research in San Francisco and to present results from the PrEP Survey on PrEP awareness and use among gay and bisexual men.	**Albert Liu**
5:55 pm	**Summary, Evaluation, and Closure of Meeting**	**Perry Rhodes III**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Membership/CLC (2nd Monday): Sept 11 & Oct 9, 3:00-4:30 PM, 25 Van Ness Ave
San Francisco Leadership Initiative (4th Thurs): Sept 28 & Oct 26, 1:30-3:00 PM, 25 Van Ness
Points of Integration Btw Prev & CARE (3rdt Tues): Sept 19 & Oct 17, 3:30-5:30 PM, 25 Van Ness
Strategies & Interventions (1st Thurs): October 5 & Nov 2, 4:00-5:30 PM, 25 Van Ness Ave
Steering (4th Thurs): Sept. 28 & October 26, 3:00-5:00 PM, 25 Van Ness Ave

Full Council: Thursday, October 12, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102. Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL
Minutes
September 14, 2006

Members Present:
Angie Baker
William Bland, Emeritus
Gayle Burns
Edward Byrom
Michael Discepola, Emeritus
Thomas Ganger
Isela Gonzalez
Dee Hampton
Emalie Huriaux
Matt Jennings
Janetta Johnson
Billie-Jean Kanios
Tom Kennedy
Thomas Knoble
Weihaur Lau
Derrick Mapp
Joani Marinoff, Emeritus
John Newmeyer
Tei Okamoto
Tracey Packer
Colin Partridge
Perry Rhodes III
Gail Sanabria
Chandra Sivakumar
Gwen Smith
Frank Strona

Members Absent:
Chadwick Campbell
Ken Pearce*
Abbie Zimmerman*

HIV Prevention Section:
Dara Coan
Vincent Fuqua
Guillermo Gonzalez
Betty Chan Lew
Eileen Loughran
Israel Nieves-Rivera
Michael Paquette
Lisa Reyes

Guests:
Helen Ruan, WFG
Rick Gerharter, BAR
Michael Petrelis
Eiko Sugano, Connect to Protect
Jacob Laurent, Connect to Protect
Rakle Welburn, Trans/UCSF
Michelle Bakken, TL Health
Matthew Bajko, BAR
Eric Whitney, ISIS
Jen Hecht, STOP AIDS
Mark Utterback, STOP AIDS
Angel Fabian, AGUILAS
Walter Chang, UCSF/CAPS
Kojz Sakakibava, UCSF/CAPS
Elena Flores, SFSU
Margaret Rhee, SFSU

Harder + Co.:
Aimee Crisostomo
Clare Nolan
Ray West (Note-taker)

Process Evaluation Team:
Kathleen Roe

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* These members informed the Chair in advance of their absences.

Welcome, Introductions, and Announcements

Gayle Burns, Community Co-Chair called the meeting to order at 3:05 PM. She welcomed attendees and explained that the facilitating duties rotate between the three Co-Chairs. She noted that Perry is the facilitator for today and would arrive soon.

- Billie-Jean Kanios – Praised HPPC and HPS website for revision (SFHIV.ORG).
- Michael Discepola announced there will be project training regarding meth and gay men harm reduction coalition all day training and information is available by calling 510-444-6969.
- Thomas Knoble announced that on 9/25 and 10/7 a pilot training will be conducted for disclosure issues specific for prevention for positives and prevention contractors.
- Gail Sanabria thanked Tracey Packer for participating in a focus group with the State Office of AIDS on guidance for 2008-2010.

- Derrick Mapp announced that a celebration of life will be held for Rickey Williams on Saturday, September 16th, at the City of Refuge.
- Joani Marinoff announced that she would be taking a sabbatical in 2007.
- Tei Okamoto announced that if anyone needs transgender or gender variance sensitivity please contact her.
- Emalie Huriaux announced that on Saturday, September 23rd, there will be an overdose awareness event. She also brought up Nov. Harm Reduction Conference, which will take place in Oakland, CA. She encouraged organizations to sign up to share tables at the conference in order to provide prertinant prevention information to conference guests.
- Matt Jennings announced that today's Council meeting will be his last meeting as a HPPC member. He accepted a job with the HPS to work on special projects.
- Tracey Packer introduced Ray West as note taker.
- Tracey Packer introduced new HPS Health Educator, Michael Paquette. He will be working on trainings and main liaison with STD Prevention and Control and will also work on meth issues.
- Vincent Fuqua announced that on 9/28 Thriving and SFGMI Poz/Neg Bridge the Gap symposium will be held and all participants are encouraged to come to this event.
- Gayle Burns announced that Abbie Zimmerman and Ken Pearce will be absent.
- Ju Lei from the Membership Committee announced the opportunity for mentoring to new members. If interested, please fill out index card and return to her.
- Gayle Burns announced that on Saturday from 11-7 there is a Pow Wow for Medicine Warriors in Oakland.
- Gayle Burns encouraged Council members to help in the recruitment efforts for the needs assessment with late-testers. She reminded members that Harder+Co. is doing interviews with "late-testers" or people who tested positive in the last 3 years and within a year was diagnosed with AIDS. The needs assessment is very important and will help to identify the prevention needs of late-testers.

Perry Rhodes III began facilitating the meeting from this point.

Review and Approval of Minutes of August 10, 2006

Motion was made and seconded to approve the minutes from the August Council meeting. There were no objections. The minutes were approved. Gwen Smith abstained.

General Public Comment

1. Jacob Laurent, UCSF's Connect to Protect has been funded for Mpowerment, a structural change initiative focused around prevention with young gay and bisexual men between the ages of. He stated that this a 16-24 peer leadership program with a core group of 15 - 20 young MSM and plan social events for the community. This program creates a curriculum that is self determined and prevention messages are diffused during the program and the idea is there will be widespread HIV prevention. The first meeting will be on Friday, September 22nd from 6-8:30 and is an overview of the core group and about empowerment. He encouraged agencies with youth involvement or staff to come. He also stated that this initiative is looking to have a steady/stable

meeting site. If anyone knows of open meeting locations, please take a business card and let him know.

2. Michael Petrelis discussed the theme of violence in syphilis prevention advertising. Six years ago, the Bay Area Reporter (BAR) published a syphilis ad featuring a time bomb. He held up a poster/advertisement distributed by and paid for by the (SF) DPH, and that the ad that ran in Bay Area Reporter newspaper that was paid for by DPH. He then felt every issue of BAR dropped 35,000 bombs on the community with a fear message and thinks of bombs being dropped. With 25 years of AIDS controversy, the cumulative effect leads to drinking, drugging and unsafe sex. He stressed that what "we need positive reinforcement in the reduction of rates and SF has responsibility to be more intelligent in the prevention and should move away from controversy. We have had a quarter century of alarmist messages that have demonized us that have said we are diseased or at risk of disease. Please be intelligent and move away from this."

Member Response

- Frank Strona responded that STD Control and Prevention is hosting a positive reinforcement seminar and empowerment focus. This will be held in late November or early December and people will not leave feeling battered and be able to recognize the success that both locally and nationally we have put together.
- Tom Kennedy agreed that there are better strategies available and the community should also not sound the bells of controversy.

HPPC Co-Chairs/Steering Committee Written Report

Isela Gonzales thanked the Co-Chairs for including a piece on AB 1677, which would allow condoms to be distributed in State prisons.

Israel Nieves-Rivera suggested all persons present should call Governor Schwarzenegger directly to encourage him to sign AB 1677.

Emalie Huriaux stated that while AB 1677 is great news, John Laird for pulling the Syringe Bill.

Thomas Knoble and Emalie also suggested that the Steering Committee communicate with Mr. Laird inquiring why this bill was pulled. The group was in consensus to send this item to the Steering Committee.

Cooperative Agreement (Attachment A)

The Cooperative Agreement was jointly presented by Israel Nieves-Rivera and Perry Rhodes III.

Perry discussed the timeline of the HPPC review process from June 8th until this meeting and the presentation of the letter of concurrence. This was an exhaustive process that involved a review of draft 2007 Performance Measures and highlights of what the HIV Prevention Section was planning to report in the narrative. This process also involved a review of the budget summary of the Interim Progress Report (IPR).

Israel presented the review of the budget summary. After completion of the review, the summary was sent to the council for feedback via Survey Monkey. The completion deadline of the budget survey was August 31, 2006.

There are two (2) budget categories in the IPR, contractual and administrative.

- Contractual represent contracts with community based organizations and Memorandums of Understanding (MOUs) with other Department of Public Health programs.
  - Administrative is the total amount of the CDC award that is administrative. The current administrative budget is $3,092,364 which represents 34% of the CDC budget.

Questions

To what extent do our progress reports mirror other progress reports from around the country?

Israel stated that the IPR applications ask many specific questions, and to keep it simple, the HPS answered the specific questions very directly. He also stated that the IPR application is standardized across the nation. Additionally he stated that the Steering Committee asked for minor changes and those were completed. They attempted to not confuse the reader. This is part of national reporting system.

Derrick Mapp asked that for the sake of clarity that the differences between letter of concurrence and letter of concurrence with reservations and also letter of non-concurrence.

Israel reminded the group that a letter of concurrence means the HPPC is supporting the HPS plans for 2007 indicators. A letter of concurrence indicates that the IPR reflects the HIV Prevention Plan.

Letter of concurrence with reservations mean that there are points that are not completely supported while a letter of non-concurrence indicates no support for the actions.
He mentioned that at the previous meeting everyone in attendance approved the indicators and that the Steering Committee approved them as well.

Motion to approve letter of concurrence. The HPPC agrees with the actions planned for 2007 and supports providing a letter of concurrence.

Member	Vote
Angie Baker	Y
Gayle Burns	Y
Edward Byrom	Y
Chadwick Campbell	Absent
Thomas Granger	Y
Isela Gonzalez	Y
Dee Hampton	Y
Emalie Huriaux	Y
Matt Jennings	Y
Janetta Johnson	Y
Billie-Jean Kanios	Y
Tom Kennedy	Y
Thomas Knoble	Y
Weihaur Lau	Y

Member	Vote
Derrick Mapp	Y
John Newmeyer	Y
Tei Okamoto	Y
Tracey Packer	Y
Colin Partridge	Y
Ken Pearce	Absent
Perry Rhodes III	Y
Chandra Sivakumar	Y
Frank Strona	Y
Frank Strona	Y
Abbie Zimmerman	Absent
Yes	22
No	0
Abstain	0

The motion was approved.

Forensic AIDS Project (FAP) Delivers: Working Behind Bars

Objective: To inform HPPC members about the services provided in the San Francisco County jails, and to hear about the challenges working within the criminal justice system.

Kate Monico Klein, Director of Forensic AIDS Project (FAP) spoke about the background of the organization prior to a presentation by the Counseling and Testing team. Started in the 1980's with one social worker, the organization is now a part of Jail Health Services as the DPH branch responsible for approximately 50,000 prisoners who pass through the jails annually. This county is currently only one of six jurisdictions with condom distribution in jails and a broader distribution is being investigated.

Kate also discussed the expansion of services over the years through the use of CARE funding. Currently, FAP is able to provide HIV and hepatitis counseling, testing, vaccination and education and also provides primary care, discharge planning and case management.

The demographics served in 2004 included:

- 89% men, 11% women
- 55% African American
- 21% Latino
- 19% Caucasian
- 5% Asian Pacific Islander
- 28% report that they are homeless and
- 5% is transgendered according to FAP's suggested numbers

The FAP Counseling and Testing team works in several facilities. This includes three jails at the Hall of Justice, on two wards at San Francisco General Hospital and in two jails in San Bruno.

Challenges basically revolve around funding issues. This includes funding for health education groups, to coordinating transgender services.

The FAP counseling and testing team then began their discussion regarding their work with FAP and the incarcerated.

Marcos Banales gave an overview of the environment in the jail system. He noted that the priority of the Sheriff's dept. is security and control. A noticed barrier to effective service is jail staff turnover and the lack of knowledge of the organization and its role with the jail. Lockups, lockdown, shakedowns and client refusal due to timing issues also create barriers to service.

Alonzo Harden discussed HIV testing in the jail system. They maintain a voluntary HIV testing list that generates from medical and psychiatric staff. This request list can be between 40-80 persons a day that request testing.

Testing is done in two (2) ways: conventional and rapid testing. The reasoning for offering different ways is due to the lack of space in some facilities and most prefer rapid testing. Rapid testing began in October 2004 as pilot, the program has expanded to three locations. These jail locations include San Bruno, Hall of Justice and San Francisco General Hospital.

Alonzo also reported the percentage rates for overall HIV testing were:

- Conventional 70%
- Rapid testing 30%

Sylvia Guatemala then discussed her work with females and the outreach work done with intravenous drug users (IDU's). Sylvia works with female inmate IDU's. She provides health education twice a month using the FAP 8 week health education curricula.

Topics in the curricula include:

- HIV prevention and testing
- Hepatitis C
- Birth control
- Sexually transmitted diseases
- Tuberculosis – among other health related topics.

Common issues shared by female inmates are:

- Rape
- Fear of loss of children and their after care.

To address these issues, community collaborators are integrated into the outreach process. They offer Hepatitis A/B vaccination and liver function testing in addition to HIV testing (rapid) and home access test kits for Hepatitis C.

Marcos then discussed the hepatitis home access testing. This access is new to San Francisco Jails and began in November 2005. The focus population for the program is Intravenous Drug Users (IDUs).

The test is home administered and is conducted by a finger stick test. A questionnaire about risk behavior for Hepatitis C is asked. The specimen is mailed in for evaluation and a personal identification number is issued with results available in approximately two (2) weeks.

The advantages to this type of testing include the ease to carry and perform in a jail setting. If the inmates are released prior to the results, they may call a toll free number to be given their result.

Marcos also conducts classes for barriers for behavior change. There are two (2) groups, San Francisco and San Bruno, with Latinos of different backgrounds. There are also a high percentage of undocumented participants. These groups meet twice a month with 4 to 20 participants. There is an emphasis on domestic violence in these classes. The class is used as a way to outreach for HIV/HVC testing and also to enhance risk behavior change in collaboration with Mission Neighborhood Health Center (MNHC) and Men Alive. Counselors are invited to run groups making linkages between Latinos and programs and stress reduction is also a focus in the classes.

Isela Gonzalez then discussed the services that the team offers to incarcerated transgenders and the community collaborations they maintain. Isela elaborated that the work of FAP is enhanced by collaboration.

FAP has conducted specific health education groups for the past seven (7) years. A curriculum was developed to address the specific needs of the participants to include:

- Hormone therapy
- Self esteem
- Drug treatment readiness
- Self advocacy
- Accessing services in the community

Weekly and bi-weekly Healthy Relationships and Seeking Safety curriculums are conducted with community collaborators. There remains an express need for advocacy for alternative sentencing for transgenders.

Isela then discussed the barriers for incarcerated transgenders which include:

- Discrimination from inmates and deputies lack drug treatment services.
- Normal population status separates the trans population and gives them little access to programming.
- Transgenders are housed separately
- Lack of access to in-jail drug treatment services

Kate then summarized the presentation stressing linkages to services, focusing on not creating a middle universe between jails and the community, the transitioning of people into the community to reduce risk of return to jail and the barriers to service. Also of importance is the Home Access kit success is because clients can get their own results. Of considerable concern is continued funding for health education and a need to coordinate transgender services.

HPPC is urged to initiate a discussion on designating the jails as its own risk population and support the current legislation on the Governor's desk allowing widespread condom distribution in the city.

Questions/Comments

Weihaur Lau inquired about whether an inmate discloses sexual activity in jails and comes forward.
FAP – Yes, and discussions revolve a lot about sexual identity issues. Lately during risk assessment, men are disclosing that they are MSMs. They also feel safe to disclose that they are sex workers, if that is the case.

Dee Hampton inquired about the 40-80 requests for testing a day.
FAP –Staff responded that they have the staff capacity to test 20+ per day. Days that they can offer a rapid test, they can test 6 each.

Dee then requested information regarding the seroconversion rate.
FAP - Kate responded that the results with 1% of testing were:
5 African Americans
2 Latino
1 Caucasian
8 as heterosexual/1 transgender
With a larger number of IDU representing 63% with 8 people

Derrick Mapp asked about community program development strategies are in place for the African American community.
FAP works with community providers and connecting with people works best. Also compete with other programs in the jails.
Derrick: Has an evaluation been completed regarding the efficacy of rapid testing?
FAP – In the time that they have been doing rapid testing, only one discordant case has occurred. It was reported and all protocols were followed.
Derrick questioned being there at the sheriff's pleasure and whether it is a red flag. Does FAP have any policy recommendations that will strengthen the project just being "at the pleasure."
FAP - The Sheriff is legislatively responsible for whatever happens in the jails and it is a fine balance. FAP feels blessed to be in the SF jail system and senses a bit of synergy.

Gayle Burns asked about any information being collected regarding the Native American community. Native Americans are often given Spanish names, which if just a surname is used to define ethnicity, the fact that they may be Native American will be lost.

FAP - 2004 snapshot is the last time information was gathered and was done by the jail system. It is gathered, and less than 5%, and might be less than 1% but have to self disclose.

Emalie Huriaux asked if sex workers are reluctant to test since if they test positive and get caught having sex work again the charge becomes a felony.
FAP – no, they want to get tested each time they go to jail.

Emalie Huriaux then asked about the mandated testing bill submitted by Maxine Waters and asked about any FAP recommendations regarding this bill.
FAP - mandated testing sounds good but unless they implement addressing the needs of those that test positive, their work is futile. To do things in prisons must have support. FAP has fought mandated testing since the 1980's.

Gwen Smith announced that the Southeast Health Center has an excellent relationship with FAP and currently 50% clients of their client are referred by FAP.

Joani Marinoff appreciates the team presentation. She then asked about sexual risk and Hepatitis testing. Has there been any correlation of data?
FAP - Information is available and the co-infection of HIV is present. Since their focus is inmates, testers tend to be IDUs and sexual activity is a rare mode of transmission.

A Tale of Two Studies: Project T and the PrEP survey (Attachment B)

Albert Liu presented an update on pre-exposure prophylaxis (PrEP) research in San Francisco along with results from the PrEP Survey on awareness and use among gay and bisexual men.

The presentation considered the following:

- An introduction to PrEP
- Distinctions between PEP and PrEP
- Use of Tenofovir as a PrEP agent
- Overview of PrEP trials and Project T
- Off label/community use of PrEP use: PrEP survey

PrEP is considered a promising but unproven strategy. This is based on this type of therapy used in malaria and mother to child HIV transmission treatment. This may be useful in men who have sex with men, sex workers, intravenous drug users and sexually active men and women in Africa.

Slide 12 discusses the differences between PEP and PrEP with respect to:

- Timing of initiation – treatment immediately after exposure vs. beginning before exposure and continuing through the behavior risk
- Duration – 28 days vs. daily (ongoing)
- Exposure type – isolated vs. recurrent
- Identification of risk event – accurately defined in real time vs. no need to identify risky event

Slides 13–15 discuss the use of Tenofovir and its efficacy and side effects in HIV Positive persons as well as the results of treatments in animal studies.

An Overview of Project T began with **slide 18**.

- A CDC-sponsored phase II clinical trial of daily oral Tenofovir in 400 HIV-negative MSM

- Primary objectives:
  - Biomedical safety and tolerability of TDF
  - Behavioral safety: Impact of taking daily antiretroviral pill on risk taking behavior
- Secondary objectives:
  - Adherence to daily study pill
  - Resistance patterns, HIV infections (not powered for efficacy)
  - Social impact of trial participation

Slide 19 displayed the Project T study design:

- Randomized, double-blinded, placebo-controlled trial of 400 HIV-negative MSM
- 3 sites in US
  - SFDPH
  - AIDS Research Consortium of Atlanta
  - Fenway Community Health, Boston
- Eligibility criteria include:
  - Healthy, sexually active HIV-negative MSM
  - Age 18-60
  - Normal kidney function and bone density at baseline
  - Not taking any medications toxic to the kidneys
- Community input (from CAB and other community members) has been critical in design and implementation of Project T

After discussing the 2 arms of the study in detail and the protective mechanisms in place for the participants, the presentation moved to the Off label/community use of PrEP use: PrEP survey.

Slide 26 discussed anecdotal reports in the media that people may be already using PrEP/CAP for prevention outside clinical trials. There was an article from the LA times in Dec 2005 with the headline, "AIDS pill as party drug...". It described individuals as taking a T, and says that Tenofovir is being sold in packets along with Viagra and Ecstasy in dance clubs.

Slide 27 presented the results of a survey conducted at 5 minority gay pride (MGP) events in 4 cities in 2004.

The only available quantitative data on this topic is from Scott Kellerman, presented last year in Brazil. This was a CDC survey in 2004 among men and women attending MGP events in 4 US cities. While there were some differences across sites shown here, this survey showed overall one quarter of respondents had previously heard of PrEP, and surprisingly 7% reported prior PrEP use.

This was concerning because in absence of safety/efficacy data, PrEP use could lead to individual and community harm. For example, behavioral disinhibition in individuals who believe a pill could protect them from HIV acquisition might actually increase their risk of infection.

To conclude, contrary to prior reports, PrEP use appears to be rare in 3 different samples of gay/bisexual men. Although PrEP awareness was limited in these groups approximately 2/3 would use PrEP in the future if proven safe/effective. In addition, risk behaviors were

associated with PrEP awareness and anticipated future use of PrEP. This highlights the importance of reinforcing that PrEP would need to be integrated into existing prevention strategies and would not be a replacement for these measures.

Questions

Joani Marinoff inquired about the use of PEP considering its extreme expense.
Al – Most can get prescriptions from their health care provider because they are not disclosing and the provider will not know if they are positive or not.

Frank Strona expressed concern regarding the fiscal aspect of the treatment. In obtaining data, were people going to be asked "how much will you pay for treatment out of pocket?", and what is price point interest?
Al – Access is a critical issue that has been brought up with respect to who will pay. One course of treatment is 4-500 dollars and discussion about the possibility of insurance paying for this and what settings is PrEP to be provided needs to be looked at. The cost effective analysis is being looked into.

Derrick Mapp expressed concern regarding PrEP and PEP identification clarifications.
Al – This topic was discussed in Toronto and the terms are similar and the focus group was asked how to clarify term issues. In his opening address at the conference, Bill Gates used a new term of oral prevention, (CAP) Continuous Antiretroviral Prevention.

William Bland asked if internet groups were considered in the test.
Al – No, but surveillance is piloting a new internet survey and results have been extremely low.
William then questioned why there were high odds with the Caucasian model.
Al – There is not a good rationalization of why.

Summary, Evaluation, and Closure of Meeting

Perry reminded members to fill out their evaluation forms. The meeting was adjourned at 5:50 p.m.

Minutes Prepared by Ray West and reviewed by Aimee Crisostomo, Lisa Reyes, and Tracey Packer.

The next HPPC meeting will be Thursday, October 12th, 2006 at the Quaker Meeting House, 65 Ninth Street, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, October 12, 2006
3:00-6:00 pm

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Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

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Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, and Announcements**	**Gayle Burns**
3:10 pm	**Review and Approval of Minutes of September 14th (Vote)** Objective. To discuss and approve the minutes from the most recent council meeting	**Gayle Burns**
3:15 pm	**General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**Gayle Burns**
3:25 pm	**Member Response to Public Comment**	**All**
3:30 pm	**HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. ■ Report back from UCHAPS/USCA ■ Report Back from Prevention with Positives Conference ■ Update on CPG Survey ■ Call for Nominations- HPPC Community Co-Chair	**Gayle Burns**
4:00 pm	**Presentation - San Francisco Leadership Initiative Committee of the HPPC (Vote)** Objective: To approve the San Francisco Leadership Initiative Committee's leadership visions for 2007 and beyond.	**Bernie Berger (community member), Tei Okamoto, and Frank Strona**
4:25 pm	**Break**	**All**
4:35pm	**Presentation – Strategies and Interventions Committee of the HPPC (Vote)** Objective. To approve the definitions of structural change and structural interventions and their inclusion in the next prevention plan	**Emalie Huriaux and Abbie Zimmerman**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Gayle Burns**

Note: All meetings are open to the public and are held in handicapped accessible facilities Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Membership/CLC (2nd Monday): Oct 16 & Nov 13, 3:00-4:30 PM, 25 Van Ness Ave
San Francisco Leadership Initiative (4th Thurs): Oct 26, 1:30-3:00 PM, 25 Van Ness
Points of Integration Btw Prev & CARE (3rd Tues): Oct 17 & Nov 21, 3:30-5:30 PM, 25 Van Ness
Strategies & Interventions (1st Thurs): November 2, 4:00-5:30 PM, 25 Van Ness Ave
Steering (4th Thurs): October 26, 3:00-5:00 PM, 25 Van Ness Ave, 330A

Full Council: Thursday, November 9, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

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HIV PREVENTION PLANNING COUNCIL
Minutes
October 12, 2006

The next HPPC business meeting will be held on Thursday, **November 09, 2006**
3:00 – 6:00 PM
Quaker Meeting House, 65 Ninth St, San Francisco

Members Present:
Angie Baker
William Bland, Emeritus
Gayle Burns
Edward Byrom
Chadwick Campbell
Michael Discepola, Emeritus
Dee Hampton
Emalie Huriaux
Billie-Jean Kanios
Tom Kennedy
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Members Absent:
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Janetta Johnson
Thomas Knoble*
Perry Rhodes III

HIV Prevention Section:
Dara Coan
Art Deguzman
Matt Jennings
Ju Lei Kelly
Betty Chan Lew
Eileen Loughran
Michael Paquette
Jenna Rapues
Lisa Reyes

Harder + Co.:
Aimee Crisostomo
Clare Nolan
David Weinman (Note-taker)

Guests:
Randy Allgaier
Michelle Bakken, TL Health
Bernie Berger
Elizabeth Davis, DPH
Jennifer Hecht, Stop AIDS Project
Carolyn Hunt, CAPS
Rakli Ilburn, Trans/UCSF
Carina Marquez, UCSF
Michael Petrelis
Eiko Sugano, Connect To Protect
Mark Utterback, Stop AIDS Project
Hank Wilson
Walter Recinos – DPH STD Prevention and Control

Process Evaluation Team:
Kathleen Roe

* These members informed the Chair in advance of their absences.

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Welcome, Introductions, and Announcements

Gayle Burns, community Co-Chair, called the meeting to order at 3:04 PM. She welcomed attendees and explained that the facilitating duties rotate between the three Co-Chairs. She asked attendees to introduce themselves and make appropriate announcements.

- Chandra Shivakumar announced that Larkin Street Youth Services is starting to do Rapid Testing at the Healing Arts Center in the Bayview.
- Frank Strona made available new materials form the STD Prevention and Control Section.
  - ⇨ He added that agencies who do not get such materials delivered regularly should the STD Prevention and Control Section know and corrective action will be taken.

HIV PREVENTION PLANNING COUNCIL

Minutes

October 12, 2006

General Public Comment

Gayle Burns explained that because some of the public comment relates to the minutes from the September meeting it has been advanced in the agenda.

Eiko Sugano of UCSF's Connect to Protect

As follow up to last month's comments from Jacob Laurent she announced that they are still recruiting young men (16-24) who have sex with men (MSM) to form a planning body for the Mpowerment project.

- She added that they are also looking for young women who have sex with MSM.

Michael Petrelis, community activist

Michael Petrelis' comments included the following:

- The minutes from the 09/14/06 HPPC meeting did not reflect that he held up a poster distributed and paid for by the SF DPH, and that the ad that ran in Bay Area Reporter newspaper that was paid for by DPH. He would like the minutes to reflect this.
- This month he explained his concern that HIV prevention messages targeted toward gay men tend to be violent and have been for 25 years.
  - ⇨ He highlighted a recent advertisement from Los Angeles with the message, "*HIV, a Gay Disease"* and which accuses gay men of being silent about AIDS.
    - He noted that he is investigating who paid for this advertisement.
    - The intention, he asserted, is to provoke the gay community.
  - ⇨ He also highlighted an ad in 2000 from the SF AIDS Foundation with the message, "Who gives a F" reportedly paid for by the DPH.
  - ⇨ He then pointed out an anti-AIDS advertisement from Philadelphia that ran in August of this year in which a young black man in shown in a rifle's crosshairs.
    - While the ad has been withdrawn, he suggested that its intention was to provoke young black men into talking about HIV as if such an image was the only way to do so.
- He asked the HPPC to have a discussion about the ideas proposed by the late Eric Rofes who proposed a two-year moratorium from the violence found in prevention messages.
  - ⇨ 25 years of hostile HIV prevention campaigns, he suggested, is not healthy.

Member Response

- Dee Hampton asked what message would not be violent, or hostile.
  - ⇨ Michael Petrelis responded that there have been a few, and cited the SF STD Prevention and Control Section's recent campaigns regarding syphilis.

Review and Approval of Minutes of September 14th Meeting

Motion was made and seconded to approve the minutes from the 09/14/06 Council meeting. There were some changes:

- Announcements, Page Two, Bullet Three: should read, "*...if anyone needs transgender or gender variance sensitivity to please contact Tei Okamoto.*"
- Forensic AIDS Project, Page seven, second bullet: reads, *"MTF identification as a vulnerable population,"* should read, "*Normal population status separates the Transgender population and gives them little access to programming.*"

Motion was made and seconded to amend Michael Petrelis' Public Comment as described above. The amendment was accepted without objection.

There was no further discussion. The minutes were approved as amended by show of hand.

HPPC Co-Chairs/Steering Committee Written Report

Gayle Burns confirmed that members had received the "*Co-Chairs Report October 12, 2006,*" which had been sent to all members in advance of the meeting. The following topics were highlighted.

UCHAPS (Urban Coalition of HIV AIDS Prevention Services) Update

Gayle Burns reported that UCHAPS has formed a public policy committee.

- ⇨ She asked members to email her with ideas of how to explain prevention in a way that would be understandable to people unfamiliar with the concepts.
- ⇨ This will be used when representatives of UCHAPS visit Washington DC, or elsewhere.

Prevention with Positives (PWP) Conference Report

Gayle Burns then introduced Billie Jean Kanios and Michael Paquette to provide an overview of the recent PWP conference. The document entitled, "*California Provider Needs Assessment Report Summary October 2006,*" was distributed, copies of which are available to absent members upon request. Their comments included the following.

- Conference brought both care and prevention service providers together.
- Work Groups were formed from various jurisdictions to promote local collaboration.
- Some of the Plenary and Break-out Sessions included:
  - ⇨ Raphael Diaz's presentation on the State of HIV/AIDS among MSM;
  - ⇨ A presentation on the California needs assessment report;
  - ⇨ Prevention approaches for HIV (+) MSM using meth;
  - ⇨ Navigating HIV co-morbidities, psychiatric illness and addiction; and
  - ⇨ Recognizing and responding to HIV related stigma.

  Members may contact Michael Paquette for copies of papers presented.
- Billie-Jean Kanios discussed the networking aspects, including the following.
  - ⇨ Both care and prevention providers discussed how to integrate services.
  - ⇨ The formation of a new Work Group with representatives from three local counties to continue the discussion on networking. Their first meeting will be in January 2007.
  - ⇨ Work being done in SF, such as the HPPC's Points of Integration Committee, is cutting edge and in the same direction as other UCHAPS jurisdictions.

The Attendance Policy

Tracey Packer drew members' attention to this portion of the written report. The proposed Working Group will look at the effectiveness of the HPPC's policy. It will also look at similar policies at other councils. The objective is for the group to meet twice.

Community Co-Chair Nomination

Tracey Packer also highlighted the importance of electing a community Co-Chair.

- ⇨ Gwen Smith nominated Gayle Burns for a second term, and Gayle Burns accepted.
- ⇨ No other nominations were received from the floor.
- ⇨ Nominations will be opened until 11/08/06.

Questions and Comments

- In response to William Bland's question Tracey Packer explained that the policy states that one has to be a member for six months before they can be nominated as Co-Chair.
- Ken Pearce noted that there has been a lot of crossover from CARE and HPPC Councils and suggested similar crossover in DPH staffs.

Presentation – San Francisco Leadership Initiative (SFLI) Committee

Gayle Burns introduced Clare Nolan to provide an overview of the two presentations on the agenda. Clare Nolan's comments included the following.

- Both committees have focused their work on innovation in prevention services.
- The SFLI Committee concentrated on a vision for HIV prevention and how the HPPC can continue to provide leadership in 2007 and beyond.
- The Strategies & Interventions (S&I) Committee concentrated on making an impact on HIV through structural intervention.
- While each Committee worked independently, it became apparent that there should be some consensus and coordination.
  - ⇨ The Co-Chairs from both committees discussed how to coordinate and agreed:
    - SFLI incorporated S&I's recommendations as part of its leadership vision; and
    - The S&I Committee took into consideration how to help local programs obtain the outcomes called for in the leadership vision.

Frank Strona and Bernie Berger conducted the presentation entitled, "*2007 and Beyond Our Vision of HIV Prevention in San Francisco,*" and drew members' attention to the document entitled, "*Our Vision of HIV Prevention in San Francisco,*" (the Vision Statement) copies of both were provided to all members in advance of the meeting. Their comments included the following.

Introductory Comments

- The SFLI focused on the prevention from a wide perspective to come up with its vision.
  - ⇨ This is a different approach than HPPC's usual focus on specifics.
- The vision being offered is not the day-to-day activities, or individual interventions, but the directions the Committee recommends SF pursue.

Slide 7 - Document Our Success

- It was highlighted that documenting success includes showing what has been effective as well as what could have been done differently to improve less effective services.

Slide 8 – Expand HIV Prevention in Correctional Facilities

- It was pointed out that the Sheriff has been aggressive in efforts to expand HIV prevention services, and such efforts should be acknowledged and supported.
- The proposal is to see what can be enhanced and where SF can go from here.

Slide 10 – An HIV/AIDS Prevention and Care Services Clinic for the Transgender Community

- This is envisioned as something like Magnet for the Transgender community.

Questions and Comments (list here by topic)

General Comments on the Motion

- William Bland asked how this vision links to the goal of reducing HIV transmission by 50%.

- ⇨ Frank Strona and Bernie Berger responded that the vision would help met that goal, by providing an overall direction, a macro view, and overarching principles.
  - Specifics are discussed in the Plan in the S&I presentation.
- Ken Pearce expressed concern about the differences between the presentation and the Vision Statement document.
- John Newmeyer said he was surprised not to see epidemiological hot spots such as non-injecting MSM Meth users in the list of priorities rather than perinatal transmission.
  - ⇨ Frank Strona explained that the Committee intended such hot spots to be covered in the broader vision statements as well as in the overarching principles.
- In response to Colin Partridge's comment, Frank Strona pointed out that the Vision Statement document is more accurately worded than the presentation.
- Ed Byron asked if the Mayor's task force could include all of the items highlighted in the Vision Statement.
  - ⇨ Frank Strona explained that the Committee thought it better to address the issues step by step rather than all at once.
- Eileen Loughran suggested that some confusion may come from the fact that the presentation doesn't contain all of the detail provided in the Vision Statement.
- Gayle Burns suggested having the S&I presentation before the vote on SFLI's motion.
- Frank Strona highlighted that the proposal is a vision for the future, rather than a set agenda of things to do.
- David Weinman, community member of the SFLI Committee, noted that the objective of the Vision Statement was not to replace the priorities set in the Plan, but rather to look at where the Council can make leadership statements.
  - ⇨ The overarching principles in the Vision Statement are, he continued, the suggested direction of prevention and supplement the Plan.
  - ⇨ He added that the recommendations are a statement of SF's national leadership role.
- Michael Discepola suggested that looking at issues in a broader way should include section on mental health and substance abuse services; including harm reduction and services from assessment through treatment.
- In response to Tracey Packer noting that the HPPC has Public Comment at the beginning of each meeting, Hank Wilson, guest and former Council member, asserted that the SF's Sunshine Ordinance requires public comment before voting on each motion.
  - ⇨ He suggested HPPC check with the City Attorney on this matter.
  - ⇨ Gayle Burns explained that the City Attorney has been consulted and determined that the Council's procedure complies with SF Law.

Box 3 – HIV/AIDS Prevention and Care Services Clinic for the Transgender Community

- Gayle Burns asked if the Committee coordinated with the Transgender Advisory Council.
  - ⇨ Erik Dubon explained that he worked with the Committee and is a member of the Transgender Advisory Council.
- Ken Pearce asked if the idea has been discussed with the CARE Council.
  - ⇨ Frank Strona explained that it would premature to go to CARE Council prior to getting this Council's approval.
  - ⇨ Ken Pearce expressed concern that this would upset members of that body.

- Hank Wilson commented that such a clinic is worthy of a longer and more in-depth discussion. His observations included the following:
  - There are a number of agencies offering services to that population;
  - Consolidating services would means either reducing services currently offered at existing programs, or adding services to the total available;
  - While consolidating services might eliminate duplicated administrative cost -- allowing those resources to be used for direct services;
  - It may also reduce the availability of services; and
  - An alternative might be to expand the competence of existing providers.
  - ⇨ He supported the idea of collaborating with current service providers.
- Michael Petrelis expressed his delight that the recommendations in the Vision Statement do not mention gay men and appealed to members to accept the Vision Statement.
  - ⇨ He also noted that prevention messages have not discussed sero-sorting or negotiated safer sex, which many credit for lowering HIV transmission rates in SF.

Box 4 – Perinatal Transmission Prevention Efforts

- Derrick Mapp noted that the suggestion for perinatal mandated HIV testing is controversial, particularly as there are no similar mandates for other populations.
  - ⇨ Frank Strona and Colin Partridge that offering testing is what is mandated -- not the tests themselves – but that at present there is no way to know if tests are offered other than at public hospitals.
  - ⇨ Gail Sanabria suggested rewording the text regarding perinatal HIV testing to ensure it is clear that offering tests is what is mandated.
- Angie Baker asked why perinatal services were prioritized when SF is already successful among that population and suggested highlighting it would be sufficient.
  - ⇨ Frank Strona said that proposal is to ensure all women are offered HIV tests.

Motion was made but not voted upon during this discussion to amend the wording of Box 4.

Box 5 – Expand Citywide HIV Education and Prevention Efforts

- Frank Strona said the Committee seeks approval of the vision, adding that the specific described in the bullet points in Box 5 are meant as examples.
- Tracey Packer highlighted that the bullet points in Box 5 help move SF toward its goal of 50% reduction in HIV transmission and hit all of the HPPC's BRP priorities
  - ⇨ She added that the overall vision can help frame the direction SF goes in 2007.
- Ken Pearce also expressed concerns with the bullet point 5 in Box 5 of the Vision Statement, as it could be interpreted as interfering with religious practice.
- As regards bullet point 4 regarding religious institutions, William Bland expressed his concerns, including the following:
  - ⇨ It indicates that homophobia is a larger issue than societal racism;
  - ⇨ It doesn't recognize faith-based programs in non-religious organizations;
  - ⇨ It is offensive to single out the African-American community as only being reachable through churches; and
  - ⇨ It seems to ignores the broad range of experience found among MSM and gay men of color in SF.

- Emalie Huriaux explained that each of the bullet points are intended as examples of what was found to be feasible and to have impact; but they are not intended as all inclusive.
  - ⇨ The Council, she added, is not being asked to vote on the bullet points.

The Question was Called, and vote to close discussion was by role call.

Member	Vote
Angie Baker	Na
Gayle Burns	Na
Edword Byram	Yes
Chadwick Campbell	Na
Dee Homptan	Yes
Emolie Huriaux	Yes
Billie-Jeon Kanias	Yes
Tam Kennedy	N/P
Weihaur Lau	Yes
Derrick Mopp	Abstoin

Member	Vote
John Newmeyer	Na
Tei Okamata	No
Tracey Packer	Na
Calin Partridge	Na
Ken Peorce	No
Chandro Sivakumor	No
Gwen Smith	No
Frank Strana	Yes
Abbie Zimmerman	Yes

Result of the vote was 7 Yes, 10 No, 1 Abstain. The motion was defeated, discussion continued.

- Ken Pearce explained his no vote was in response to the non-collaborative process, although the concept of a free-standing Transgender clinic may be a good idea.
- Abbie Zimmerman explained her yes vote as being in favor of the vision, noting that the vote is not on the specifics.
  - ⇨ She also said that S&I's presentation might add some clarification.
- Derrick Mapp noted that he abstained because the Council has only heard half of the discussion, the other half being the structure.
  - ⇨ He suggested hearing the intervention piece before voting on the Vision.

The SFLI Committee agreed to withhold its motion until after the S&I Committee's presentation and disposition of the motions included therein.

<u>Presentation – Strategies & Interventions Committee of the HPPC</u>

Gayle Burns introduced Emalie Huriaux and Abbie Zimmerman to facilitate the presentation entitled, "*Thinking Upstream Taking Steps to Enhance HIV Prevention in SF,*" copies of which where provided to members in advance of the meeting. Their additional comments included the following.

<u>Introductory Comments</u>

- Emalie Huriaux introduced members of the Committee in attendance and thanked those providing support from the HPS professional staff and Harder & Co. Additionally, she acknowledged that there was obvious tension in the room, and that it tension may sometimes be productive.
- She highlighted that what is being asked of the Council is support of the Committee's view of how strategies and interventions in SF can be enhanced.
  - ⇨ The Committee is not seeking approval of specific interventions, or to reorient the HPPC's established priorities.

<u>Slide 5 - Examples of Structural Interventions</u>

- These are of structural interventions examples only.
- Structural interventions deal with societal, legal, and/or cultural changes rather than looking at how individuals might alter their behaviors.

<u>Slide 7 - Large Group Reflection (On Small Group Exercise)</u>

- Emalie Huriaux pointed out that this was the same exercise that the Committee did.
- Responses to the question of the river exercise serving as a metaphor for HIV prevention included the following.
  - ⇨ Billie-Jean Kanios suggested that upstream actions gets to the source of a problem, like fixing a broken bridge before people fall of, and drown as they float down the river.
  - ⇨ Frank Strona added that beyond fixing the bridge, a structural intervention could be a warning that the bridge is out.

S&I Committee Motion 1: "*The proposed definitions of structural change and structural interventions be approved for inclusion in the next SF HIV Prevention Plan.*"

The full text of those definitions was distributed to all members in advance of meeting in the document entitled, "*Proposed Motions – October 12, 2006*" (the "Proposed Motions Document").

Discussion and Comment on Motion 1

- Derrick Mapp asked for an example of physical structure interventions.
  - ⇨ Emalie Huriaux responded that a policy requiring condoms in bars would be a structural intervention by way of a change in a physical environment.
- Tei Okamoto asked for an example of an intervention that would alter financial inequality.
  - ⇨ Emalie Huriaux said that economic empowerment zones would be such an example.
- Derrick Mapp asked about evaluating the outcomes.
  - ⇨ Emalie Huriaux and Abbie Zimmerman explained that the Committee was not charged with proposing evaluations.
- William Bland said that structural interventions usually take time to accomplish, and that providers should be aware that these interventions might not fit into a one-year program definition, and suggested that be made clear in the definition.
  - ⇨ Emalie Huriaux and Tracey Packer explained that structural interventions can be of a variety of time lengths, and cited examples of some which are sort term.
  - ⇨ Tracey Packer added that the plan acknowledges that some things take more time to accomplish than others.
- Weihaur Lau pointed out that proposed structural interventions should be subject to feasibility and impact criteria; which would include how long the intervention might take.

The vote on this motion was by roll call.

Member	Vote
Angie Baker	Yes
Gayle Burns	Yes
Edward Byrom	Yes
Chadwick Campbell	Yes
Dee Hamptan	Yes
Emalie Huriaux	Yes
Billie-Jean Kanios	Yes
Tam Kennedy	N/P
Weihaur Lau	Yes
Derrick Mapp	Yes

Member	Vote
Jahn Newmeyer	Yes
Tei Okamata	Yes
Tracey Packer	Yes
Calin Partridge	Yes
Ken Pearce	Yes
Chandra Sivakumar	Yes
Gwen Smith	Yes
Frank Strona	Yes
Abbie Zimmerman	Yes

The result of the vote was Yes 18, No 0. The motion passed unanimously.

S&I Committee Motion 2: *"DPH and HPPC actively promote structural intervention in SF."*

The e recommended structural changes came out of the Committee's use of the Feasibility and Impact rating chart on a number of possible changes. It was also noted that:

- The bullet point regarding immigrant issues is reaction to undocumented immigrants fearing legal exposure, and to suggest culturally competent testing; and
- The bullet point regarding bringing religious institutions into HIV prevention is a suggestion to work with such organization, not to require them to participate.

Comments and Questions

- Gayle Burns suggested adding counseling to HIV screen and testing bullet.
  - ⇨ Abbie explained that the bullet points are only examples.
- Michael Discepola said that while he supports increased structural interventions, he has difficulty with the bullet list provided.
  - ⇨ Emalie Huriaux said that the Committee's recommendation is to expand the section of the Plan, and that these are examples of the sorts of structural changes that might be included in the next plan to help providers formulate new interventions.
- Michael Discepola said that he would support a motion that made it clear that the recommendations are examples only, not mandated to be part of the Prevention Plan.
- Ed Byrom expressed his concern that bullet point 3 on HIV screening and testing might read like an endorsement of the CDC's initiative on routine HIV testing in medical settings.
- Abbie Zimmerman said that she agrees with objections and would support taking out the bullet point recommendations.
  - ⇨ She added that she thinks having examples in the Prevention plan would be useful and would support continuing this work next year to ensure a more representative list.
- Dee Hampton explained that these examples were intended for people outside the Council, including those in other parts of the country.

Tracey Packer brought a Point of Order: The Committee is asking for a vote on "*DPH and HPPC actively promote structural interventions in San Francisco"* as the whole of the motion.

- ⇨ She pointed out that it is acceptable that this would leave some open questions.
- It was confirmed that the text in the Proposed Motions document beyond the highlighted / bolded wording (including the recommendations) was not intended to be part of the Motion.

The Chair accepted the Point of Order that the motion is confined to the wording as noted.

- Tracey Packer noted that the members' comments on this and the motion brought by SFLI highlights that there needs to be more consideration on specific structural interventions.
  - ⇨ She added that the Committees' intention was to open the discussion for the future rewriting of the Prevention Plan.
- Emalie Huriaux explained that the intention was that the recommendations be cited as examples of feasible interventions.
  - ⇨ She pointed out that the current Prevention Plan includes only a half page on structural interventions, and it is not at all clear that providers can apply for funding for, or would be supported if they proposed structural interventions.
- William Bland suggested that it would have been helpful if the Committee had come up with a process by which structural interventions could be implemented.
- Ken Pearce said that he didn't think there was any challenge to the first two bullets points on the Proposed Motions document and suggested they be included as part of this motion.

- ⇨ He also suggested the third bullet could read, "*HPPC will include examples of structural interventions in the next Prevention Plan.*"
- Emalie Huriaux suggested that the third bullet could be that HPPC will convene a process to create examples for the next Prevention Plan.

Motion as made and seconded to amend the Committee's motion to include the first two bullets:

"
- *DHP should promote the fundability of structural interventions*
- *HPPC should enhance the structural interventions section of the next HIV Prevention Plan by adding tools to support organizations in developing structural interventions*"

And to add an amended third bullet:

"
- *HPPC will convene a process to develop examples of structural changes for inclusion in the next HIV Prevention Plan.*"

The Question was Called, no objections were offered. The vote on the amendment was by show of hands. The motion was approved unanimously

The Question was Called on Motion 2, no objections were offered. The vote to approve the S&I Committee's Motion 2 as amended was by roll call.

Member	Vote
Angie Baker	Yes
Gayle Burns	Yes
Edward Byram	Yes
Chadwick Campbell	Yes
Dee Hamptan	Yes
Emalie Huriaux	Yes
Billie-Jean Kanias	Yes
Tam Kennedy	Yes
Weihaur Lau	Yes
Derrick Mapp	Yes

Member	Vote
Jahn Newmeyer	N/P
Tei Okamata	Yes
Tracey Packer	Yes
Calin Partridge	Yes
Ken Pearce	Yes
Chandra Sivakumar	Yes
Gwen Smith	Yes
Frank Strana	Yes
Abbie Zimmerman	Yes

The result of the was Yes 18, No 0. The motion was approved.

S&I Committee's Motion 3: "*The identified Plan improvements be approved for recommendation to the HPPC in developing the next SF HIV Prevention Plan.*"

Comment and Discussion

- Michael Discepola said that he thought the Plan was already quite accessible with lots of examples and expressed concern of the Plan becoming unwieldy.
  - ⇨ Abbie Zimmerman said that the Committee reviewed the Plan section by section, with members reviewing areas of their own expertise and found that it could be more user-friendly and resources are often too academic
  - ⇨ Angie Baker raised a Point of Information asking that this motion was for ease of information access only, and was told yes.

The Question was Called no objections were raised. The vote on the S&I Committee's Motion 2 was by roll call.

Member	Vote
Angie Baker	Yes
Gayle Burns	Yes
Edward Byram	Yes

Member	Vote
Jahn Newmeyer	Na
Tei Okamata	Na
Tracey Packer	Yes

Chadwick Campbell	Yes	Calin Partridge	Na
Dee Hamptan	Yes	Ken Pearce	Yes
Emalie Huriaux	Yes	Chandra Sivakumar	Yes
Billie-Jean Kanios	Yes	Gwen Smith	Yes
Tam Kennedy	Yes	Frank Strana	Yes
Weihaur Lau	Yes	Abbie Zimmerman	Yes
Derrick Mapp	Yes		

The result of the vote was Yes 16, No 3. The motion was approved.

- Tracey Packer suggested the members voting No make note of their reasons on their evaluation form so as to help understand their objection(s).

SFLI Committee Presentation, continued …

Members' attention was drawn again to the Vision Statement document presented by the SFLI Committee. Discussion continued, including the following (by topic).

Box 3 - "*Develop an HIV/AIDS Prevention and Care Services Clinic for the Transgender Community.*"

The Committee offered amended wording:
Title: "Explore a Free-Standing comprehensive HIV/AIDS clinic …"
Vision: "We call on the City and County of San Francisco to work with the guidance of the Transgender Advisory Council…"

- Billie-Jean Kanios expressed her support of more services or increased capacity for this community, but questions consolidating services if it doesn't increase the overall capacity.
  - ⇨ Frank Strona explained that the Committee chose the word, "*Explore*" to address this concern, adding that it doesn't rule in or out a comprehensive free-standing clinic.
- Ken Pearce suggested that the exploration of such a free-standing clinic should include all the providers working in that community, not just the Transgender Advisory Council.

Gayle Burns sought the sense of the Council as to whether it feels it will be ready to vote during this meeting. The Chair ruled that the sense of the Council was affirmative.

Motion was made and seconded to remove the vision portion of the amendment to Box 3. There were no objections to this amendment. The amendment was accepted and the SFLI's amended Box 3 will contain only the text of the title.

The Question was Called to vote on the SFLI Committee's Motion as amended. Objection was raised and discussion continued.

Box 4 - "*Assess Perinatal Transmission Prevention Efforts in San Francisco*"

The Committee offered amended wording:
"*…we call on SF DPH to develop a system for assessing whether the mandated offering of HIV testing for all pregnant women…*"

- Frank Strona noted that the Vision Statement had a typo so that it read as if the tests were mandated rather than the offering of HIV tests to pregnant women.

Tracey Packer raised a Point of Order: The SFLI Committee's amendments were based on the discussion earlier in this meeting in hopes that something could be approved. She pointed out that it is acceptable to decline (vote No) on the Committee's amended motion. If the Council

declines a motion, she emphasized, the proposal is sent back to the Committee for more discussion; it does not disappear.

Box 5 - "*Expand Citywide HIV Education and Prevention Efforts*"

- Frank Strona noted that as the noted that the recommended examples of interventions listed were stricken from the S&I Committee's motion, they should be deleted here.

The Committee offered an amendment to:

- Strike the final sentence prior to the bullet point list (sentence beginning, "*Some examples ...*"); and
- Strike the bullet point list.

There was no additional discussion. The Committee's amendments were accepted without objection.

The vote on accepting the SFLI Committee's Motion as amended was by roll call.

Member	Vote
Angie Baker	Abstain
Gayle Burns	Yes
Edward Byram	Abstain
Chadwick Campbell	Yes
Dee Hamptan	Yes
Emalie Huriaux	Yes
Billie-Jean Kanias	Yes
Tam Kennedy	Yes
Weihaur Lau	Abstain
Derrick Mapp	Abstain

Member	Vote
Jahn Newmeyer	Yes
Tei Okamata	Yes
Tracey Packer	Yes
Calin Partridge	Yes
Ken Pearce	Yes
Chandra Sivakumar	Yes
Gwen Smith	Abstain
Frank Strana	Yes
Abbie Zimmerman	Yes

The result of the vote was Yes 14, No 0, Abstain 5. The motion was approved.

- Gayle Burns suggested that it would be helpful if the members who abstained to provide some explanation of their vote on their evaluation forms.

Summary, Evaluation, and Closure of Meeting

Gayle Burns reminded members to fill in their evaluation forms. The meeting adjourned at 5:58 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Lisa Reyes and Tracey Packer.

The next HPPC business meeting, will be Thursday, November 9, 2006
at the Quaker Meeting House, 65 Ninth Street, San Francisco.

HIV PREVENTION PLANNING COUNCIL

Minutes

October 12, 2006

The next HPPC business meeting will be held on Thursday, **November 09, 2006**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St, San Francisco

Members Present:
Angie Baker
William Bland, Emeritus
Gayle Burns
Edward Byrom
Chadwick Campbell
Michael Discepola, Emeritus
Dee Hampton
Emalie Huriaux
Billie-Jean Kanios
Tom Kennedy
Weihaur Lau
Derrick Mapp
John Newmeyer
Tei Okamoto
Tracey Packer
Colin Partridge
Ken Pearce
Gail Sanabria
Chandra Sivakumar
Gwen Smith
Frank Strona
Abbie Zimmerman

Members Absent:
Thomas Ganger
Isela Gonzalez*
Janetta Johnson
Thomas Knoble*
Perry Rhodes III

HIV Prevention Section:
Dara Coan
Art Deguzman
Matt Jennings
Ju Lei Kelly
Betty Chan Lew
Eileen Loughran
Michael Paquette
Jenna Rapues
Lisa Reyes

Harder + Co.:
Aimee Crisostomo
Clare Nolan
David Weinman (Note-taker)

Guests:
Randy Allgaier
Michelle Bakken, TL Health
Bernie Berger
Elizabeth Davis, DPH
Jennifer Hecht, Stop AIDS Project
Carolyn Hunt, CAPS
Rakli Ilburn, Trans/UCSF
Carina Marquez, UCSF
Michael Petrelis
Eiko Sugano, Connect To Protect
Mark Utterback, Stop AIDS Project
Hank Wilson
Walter Recinos - DPH STD Prevention and Control

Process Evaluation Team:
Kathleen Roe

* These members informed the Chair in advance of their absences.

Welcome, Introductions, and Announcements

Gayle Burns, community Co-Chair, called the meeting to order at 3:04 PM. She welcomed attendees and explained that the facilitating duties rotate between the three Co-Chairs. She asked attendees to introduce themselves and make appropriate announcements.

- Chandra Shivakumar announced that Larkin Street Youth Services is starting to do Rapid Testing at the Healing Arts Center in the Bayview.
- Frank Strona made available new materials form the STD Prevention and Control Section.
  - ⇨ He added that agencies who do not get such materials delivered regularly should the STD Prevention and Control Section know and corrective action will be taken.

HIV PREVENTION PLANNING COUNCIL

Minutes

October 12, 2006

General Public Comment

Gayle Burns explained that because some of the public comment relates to the minutes from the September meeting it has been advanced in the agenda.

Eiko Sugano of UCSF's Connect to Protect

As follow up to last month's comments from Jacob Laurent she announced that they are still recruiting young men (16-24) who have sex with men (MSM) to form a planning body for the Mpowerment project.

- She added that they are also looking for young women who have sex with MSM.

Michael Petrelis, community activist

Michael Petrelis' comments included the following:

- The minutes from the 09/14/06 HPPC meeting did not reflect that he held up a poster distributed and paid for by the SF DPH, and that the ad that ran in Bay Area Reporter newspaper that was paid for by DPH. He would like the minutes to reflect this.
- This month he explained his concern that HIV prevention messages targeted toward gay men tend to be violent and have been for 25 years.
  - ⇨ He highlighted a recent advertisement from Los Angeles with the message, "*HIV, a Gay Disease*" and which accuses gay men of being silent about AIDS.
    - He noted that he is investigating who paid for this advertisement.
    - The intention, he asserted, is to provoke the gay community.
  - ⇨ He also highlighted an ad in 2000 from the SF AIDS Foundation with the message, "Who gives a F" reportedly paid for by the DPH.
  - ⇨ He then pointed out an anti-AIDS advertisement from Philadelphia that ran in August of this year in which a young black man in shown in a rifle's crosshairs.
    - While the ad has been withdrawn, he suggested that its intention was to provoke young black men into talking about HIV as if such an image was the only way to do so.
- He asked the HPPC to have a discussion about the ideas proposed by the late Eric Rofes who proposed a two-year moratorium from the violence found in prevention messages.
  - ⇨ 25 years of hostile HIV prevention campaigns, he suggested, is not healthy.

Member Response

- Dee Hampton asked what message would not be violent, or hostile.
  - ⇨ Michael Petrelis responded that there have been a few, and cited the SF STD Prevention and Control Section's recent campaigns regarding syphilis.

Review and Approval of Minutes of September 14th Meeting

Motion was made and seconded to approve the minutes from the 09/14/06 Council meeting. There were some changes:

- Announcements, Page Two, Bullet Three; should read, "*...if anyone needs transgender or gender variance sensitivity to please contact Tei Okamoto.*"
- Forensic AIDS Project, Page seven, second bullet: reads, "*MTF identification as a vulnerable population,*" should read, "*Normal population status separates the Transgender population and gives them little access to programming.*"

Motion was made and seconded to amend Michael Petrelis' Public Comment as described above. The amendment was accepted without objection.

There was no further discussion. The minutes were approved as amended by show of hand.

HPPC Co-Chairs/Steering Committee Written Report

Gayle Burns confirmed that members had received the "*Co-Chairs Report October 12, 2006,*" which had been sent to all members in advance of the meeting. The following topics were highlighted.

UCHAPS (Urban Coalition of HIV AIDS Prevention Services) Update

Gayle Burns reported that UCHAPS has formed a public policy committee.

- ⇨ She asked members to email her with ideas of how to explain prevention in a way that would be understandable to people unfamiliar with the concepts.
- ⇨ This will be used when representatives of UCHAPS visit Washington DC, or elsewhere.

Prevention with Positives (PWP) Conference Report

Gayle Burns then introduced Billie Jean Kanios and Michael Paquette to provide an overview of the recent PWP conference. The document entitled, "*California Provider Needs Assessment Report Summary October 2006,*" was distributed, copies of which are available to absent members upon request. Their comments included the following.

- Conference brought both care and prevention service providers together.
- Work Groups were formed from various jurisdictions to promote local collaboration.
- Some of the Plenary and Break-out Sessions included:
  - ⇨ Raphael Diaz's presentation on the State of HIV/AIDS among MSM;
  - ⇨ A presentation on the California needs assessment report;
  - ⇨ Prevention approaches for HIV (+) MSM using meth;
  - ⇨ Navigating HIV co-morbidities, psychiatric illness and addiction; and
  - ⇨ Recognizing and responding to HIV related stigma.

  Members may contact Michael Paquette for copies of papers presented.
- Billie-Jean Kanios discussed the networking aspects, including the following.
  - ⇨ Both care and prevention providers discussed how to integrate services.
  - ⇨ The formation of a new Work Group with representatives from three local counties to continue the discussion on networking. Their first meeting will be in January 2007.
  - ⇨ Work being done in SF, such as the HPPC's Points of Integration Committee, is cutting edge and in the same direction as other UCHAPS jurisdictions.

The Attendance Policy

Tracey Packer drew members' attention to this portion of the written report. The proposed Working Group will look at the effectiveness of the HPPC's policy. It will also look at similar policies at other councils. The objective is for the group to meet twice.

Community Co-Chair Nomination

Tracey Packer also highlighted the importance of electing a community Co-Chair.

- ⇨ Gwen Smith nominated Gayle Burns for a second term, and Gayle Burns accepted.
- ⇨ No other nominations were received from the floor.
- ⇨ Nominations will be opened until 11/08/06.

Questions and Comments

- In response to William Bland's question Tracey Packer explained that the policy states that one has to be a member for six months before they can be nominated as Co-Chair.
- Ken Pearce noted that there has been a lot of crossover from CARE and HPPC Councils and suggested similar crossover in DPH staffs.

Presentation – San Francisco Leadership Initiative (SFLI) Committee

Gayle Burns introduced Clare Nolan to provide an overview of the two presentations on the agenda. Clare Nolan's comments included the following.

- Both committees have focused their work on innovation in prevention services.
- The SFLI Committee concentrated on a vision for HIV prevention and how the HPPC can continue to provide leadership in 2007 and beyond.
- The Strategies & Interventions (S&I) Committee concentrated on making an impact on HIV through structural intervention.
- While each Committee worked independently, it became apparent that there should be some consensus and coordination.
  - ⇨ The Co-Chairs from both committees discussed how to coordinate and agreed:
    - SFLI incorporated S&I's recommendations as part of its leadership vision; and
    - The S&I Committee took into consideration how to help local programs obtain the outcomes called for in the leadership vision.

Frank Strona and Bernie Berger conducted the presentation entitled, "*2007 and Beyond Our Vision of HIV Prevention in San Francisco,*" and drew members' attention to the document entitled, "*Our Vision of HIV Prevention in San Francisco,"* (the Vision Statement) copies of both were provided to all members in advance of the meeting. Their comments included the following.

Introductory Comments

- The SFLI focused on the prevention from a wide perspective to come up with its vision.
  - ⇨ This is a different approach than HPPC's usual focus on specifics.
- The vision being offered is not the day-to-day activities, or individual interventions, but the directions the Committee recommends SF pursue.

Slide 7 – Document Our Success

- It was highlighted that documenting success includes showing what has been effective as well as what could have been done differently to improve less effective services.

Slide 8 – Expand HIV Prevention in Correctional Facilities

- It was pointed out that the Sheriff has been aggressive in efforts to expand HIV prevention services, and such efforts should be acknowledged and supported.
- The proposal is to see what can be enhanced and where SF can go from here.

Slide 10 – An HIV/AIDS Prevention and Care Services Clinic for the Transgender Community

- This is envisioned as something like Magnet for the Transgender community.

Questions and Comments (list here by topic)

General Comments on the Motion

- William Bland asked how this vision links to the goal of reducing HIV transmission by 50%.

- ⇨ Frank Strona and Bernie Berger responded that the vision would help met that goal, by providing an overall direction, a macro view, and overarching principles.
  - Specifics are discussed in the Plan in the S&I presentation.
- Ken Pearce expressed concern about the differences between the presentation and the Vision Statement document.
- John Newmeyer said he was surprised not to see epidemiological hot spots such as non-injecting MSM Meth users in the list of priorities rather than perinatal transmission.
  - ⇨ Frank Strona explained that the Committee intended such hot spots to be covered in the broader vision statements as well as in the overarching principles.
- In response to Colin Partridge's comment, Frank Strona pointed out that the Vision Statement document is more accurately worded than the presentation.
- Ed Byron asked if the Mayor's task force could include all of the items highlighted in the Vision Statement.
  - ⇨ Frank Strona explained that the Committee thought it better to address the issues step by step rather than all at once.
- Eileen Loughran suggested that some confusion may come from the fact that the presentation doesn't contain all of the detail provided in the Vision Statement.
- Gayle Burns suggested having the S&I presentation before the vote on SFLI's motion.
- Frank Strona highlighted that the proposal is a vision for the future, rather than a set agenda of things to do.
- David Weinman, community member of the SFLI Committee, noted that the objective of the Vision Statement was not to replace the priorities set in the Plan, but rather to look at where the Council can make leadership statements.
  - ⇨ The overarching principles in the Vision Statement are, he continued, the suggested direction of prevention and supplement the Plan.
  - ⇨ He added that the recommendations are a statement of SF's national leadership role.
- Michael Discepola suggested that looking at issues in a broader way should include section on mental health and substance abuse services; including harm reduction and services from assessment through treatment.
- In response to Tracey Packer noting that the HPPC has Public Comment at the beginning of each meeting, Hank Wilson, guest and former Council member, asserted that the SF's Sunshine Ordinance requires public comment before voting on each motion.
  - ⇨ He suggested HPPC check with the City Attorney on this matter.
  - ⇨ Gayle Burns explained that the City Attorney has been consulted and determined that the Council's procedure complies with SF Law.

Box 3 - HIV/AIDS Prevention and Care Services Clinic for the Transgender Community

- Gayle Burns asked if the Committee coordinated with the Transgender Advisory Council.
  - ⇨ Erik Dubon explained that he worked with the Committee and is a member of the Transgender Advisory Council.
- Ken Pearce asked if the idea has been discussed with the CARE Council.
  - ⇨ Frank Strona explained that it would premature to go to CARE Council prior to getting this Council's approval.
  - ⇨ Ken Pearce expressed concern that this would upset members of that body.

- Hank Wilson commented that such a clinic is worthy of a longer and more in-depth discussion. His observations included the following:
  - There are a number of agencies offering services to that population;
  - Consolidating services would means either reducing services currently offered at existing programs, or adding services to the total available;
  - While consolidating services might eliminate duplicated administrative cost -- allowing those resources to be used for direct services;
  - It may also reduce the availability of services; and
  - An alternative might be to expand the competence of existing providers.
  - ⇨ He supported the idea of collaborating with current service providers.
- Michael Petrelis expressed his delight that the recommendations in the Vision Statement do not mention gay men and appealed to members to accept the Vision Statement.
  - ⇨ He also noted that prevention messages have not discussed sero-sorting or negotiated safer sex, which many credit for lowering HIV transmission rates in SF.

Box 4 – Perinatal Transmission Prevention Efforts

- Derrick Mapp noted that the suggestion for perinatal mandated HIV testing is controversial, particularly as there are no similar mandates for other populations.
  - ⇨ Frank Strona and Colin Partridge that offering testing is what is mandated -- not the tests themselves – but that at present there is no way to know if tests are offered other than at public hospitals.
  - ⇨ Gail Sanabria suggested rewording the text regarding perinatal HIV testing to ensure it is clear that offering tests is what is mandated.
- Angie Baker asked why perinatal services were prioritized when SF is already successful among that population and suggested highlighting it would be sufficient.
  - ⇨ Frank Strona said that proposal is to ensure all women are offered HIV tests.

Motion was made but not voted upon during this discussion to amend the wording of Box 4.

Box 5 – Expand Citywide HIV Education and Prevention Efforts

- Frank Strona said the Committee seeks approval of the vision, adding that the specific described in the bullet points in Box 5 are meant as examples.
- Tracey Packer highlighted that the bullet points in Box 5 help move SF toward its goal of 50% reduction in HIV transmission and hit all of the HPPC's BRP priorities
  - ⇨ She added that the overall vision can help frame the direction SF goes in 2007.
- Ken Pearce also expressed concerns with the bullet point 5 in Box 5 of the Vision Statement, as it could be interpreted as interfering with religious practice.
- As regards bullet point 4 regarding religious institutions, William Bland expressed his concerns, including the following:
  - ⇨ It indicates that homophobia is a larger issue than societal racism;
  - ⇨ It doesn't recognize faith-based programs in non-religious organizations;
  - ⇨ It is offensive to single out the African-American community as only being reachable through churches; and
  - ⇨ It seems to ignores the broad range of experience found among MSM and gay men of color in SF.

- Emalie Huriaux explained that each of the bullet points are intended as examples of what was found to be feasible and to have impact; but they are not intended as all inclusive.
  - ⇨ The Council, she added, is not being asked to vote on the bullet points.

The Question was Called, and vote to close discussion was by role call.

Member	Vote
Angie Baker	Na
Gayle Burns	No
Edward Byram	Yes
Chadwick Campbell	Na
Dee Hamptan	Yes
Emalie Huriaux	Yes
Billie-Jean Kanias	Yes
Tam Kennedy	N/P
Weihaur Lau	Yes
Derrick Mapp	Abstain

Member	Vote
Jahn Newmeyer	Na
Tei Okamata	Na
Tracey Packer	Na
Calin Partridge	Na
Ken Pearce	No
Chandra Sivakumar	Na
Gwen Smith	Na
Frank Strana	Yes
Abbie Zimmerman	Yes

Result of the vote was 7 Yes, 10 No, 1 Abstain. The motion was defeated, discussion continued.

- Ken Pearce explained his no vote was in response to the non-collaborative process, although the concept of a free-standing Transgender clinic may be a good idea.
- Abbie Zimmerman explained her yes vote as being in favor of the vision, noting that the vote is not on the specifics.
  - ⇨ She also said that S&I's presentation might add some clarification.
- Derrick Mapp noted that he abstained because the Council has only heard half of the discussion, the other half being the structure.
  - ⇨ He suggested hearing the intervention piece before voting on the Vision.

The SFLI Committee agreed to withhold its motion until after the S&I Committee's presentation and disposition of the motions included therein.

<u>Presentation – Strategies & Interventions Committee of the HPPC</u>

Gayle Burns introduced Emalie Huriaux and Abbie Zimmerman to facilitate the presentation entitled, "*Thinking Upstream Taking Steps to Enhance HIV Prevention in SF,*" copies of which where provided to members in advance of the meeting. Their additional comments included the following.

<u>Introductory Comments</u>

- Emalie Huriaux introduced members of the Committee in attendance and thanked those providing support from the HPS professional staff and Harder & Co. Additionally, she acknowledged that there was obvious tension in the room, and that it tension may sometimes be productive.
- She highlighted that what is being asked of the Council is support of the Committee's view of how strategies and interventions in SF can be enhanced.
  - ⇨ The Committee is not seeking approval of specific interventions, or to reorient the HPPC's established priorities.

<u>Slide 5 - Examples of Structural Interventions</u>

- These are of structural interventions examples only.
- Structural interventions deal with societal, legal, and/or cultural changes rather than looking at how individuals might alter their behaviors.

<u>Slide 7 - Large Group Reflection (On Small Group Exercise)</u>

- Emalie Huriaux pointed out that this was the same exercise that the Committee did.
- Responses to the question of the river exercise serving as a metaphor for HIV prevention included the following.
  - ⇨ Billie-Jean Kanios suggested that upstream actions gets to the source of a problem, like fixing a broken bridge before people fall of, and drown as they float down the river.
  - ⇨ Frank Strona added that beyond fixing the bridge, a structural intervention could be a warning that the bridge is out.

S&I Committee Motion 1: "*The proposed definitions of structural change and structural interventions be approved for inclusion in the next SF HIV Prevention Plan.*"

The full text of those definitions was distributed to all members in advance of meeting in the document entitled, "*Proposed Motions – October 12, 2006*" (the "Proposed Motions Document").

Discussion and Comment on Motion 1

- Derrick Mapp asked for an example of physical structure interventions.
  - ⇨ Emalie Huriaux responded that a policy requiring condoms in bars would bé a structural intervention by way of a change in a physical environment.
- Tei Okamoto asked for an example of an intervention that would alter financial inequality.
  - ⇨ Emalie Huriaux said that economic empowerment zones would be such an example.
- Derrick Mapp asked about evaluating the outcomes.
  - ⇨ Emalie Huriaux and Abbie Zimmerman explained that the Committee was not charged with proposing evaluations.
- William Bland said that structural interventions usually take time to accomplish, and that providers should be aware that these interventions might not fit into a one-year program definition, and suggested that be made clear in the definition.
  - ⇨ Emalie Huriaux and Tracey Packer explained that structural interventions can be of a variety of time lengths, and cited examples of some which are sort term.
  - ⇨ Tracey Packer added that the plan acknowledges that some things take more time to accomplish than others.
- Weihaur Lau pointed out that proposed structural interventions should be subject to feasibility and impact criteria; which would include how long the intervention might take.

The vote on this motion was by roll call.

Member	Vote
Angie Baker	Yes
Gayle Burns	Yes
Edward Byram	Yes
Chadwick Campbell	Yes
Dee Hamptan	Yes
Emalie Huriaux	Yes
Billie-Jean Kanias	Yes
Tam Kennedy	N/P
Weihaur Lau	Yes
Derrick Mapp	Yes

Member	Vote
John Newmeyer	Yes
Tei Okamata	Yes
Tracey Packer	Yes
Calin Partridge	Yes
Ken Pearce	Yes
Chandra Sivakumar	Yes
Gwen Smith	Yes
Frank Strona	Yes
Abbie Zimmerman	Yes

The result of the vote was Yes 18, No 0. The motion passed unanimously.

S&I Committee Motion 2: *"DPH and HPPC actively promote structural intervention in SF."*

The e recommended structural changes came out of the Committee's use of the Feasibility and Impact rating chart on a number of possible changes. It was also noted that:

- The bullet point regarding immigrant issues is reaction to undocumented immigrants fearing legal exposure, and to suggest culturally competent testing; and
- The bullet point regarding bringing religious institutions into HIV prevention is a suggestion to work with such organization, not to require them to participate.

Comments and Questions

- Gayle Burns suggested adding counseling to HIV screen and testing bullet.
  - ⇨ Abbie explained that the bullet points are only examples.
- Michael Discepola said that while he supports increased structural interventions, he has difficulty with the bullet list provided.
  - ⇨ Emalie Huriaux said that the Committee's recommendation is to expand the section of the Plan, and that these are examples of the sorts of structural changes that might be included in the next plan to help providers formulate new interventions.
- Michael Discepola said that he would support a motion that made it clear that the recommendations are examples only, not mandated to be part of the Prevention Plan.
- Ed Byrom expressed his concern that bullet point 3 on HIV screening and testing might read like an endorsement of the CDC's initiative on routine HIV testing in medical settings.
- Abbie Zimmerman said that she agrees with objections and would support taking out the bullet point recommendations.
  - ⇨ She added that she thinks having examples in the Prevention plan would be useful and would support continuing this work next year to ensure a more representative list.
- Dee Hampton explained that these examples were intended for people outside the Council, including those in other parts of the country.

Tracey Packer brought a Point of Order: The Committee is asking for a vote on "*DPH and HPPC actively promote structural interventions in San Francisco"* as the whole of the motion.

- ⇨ She pointed out that it is acceptable that this would leave some open questions.
- It was confirmed that the text in the Proposed Motions document beyond the highlighted / bolded wording (including the recommendations) was not intended to be part of the Motion.

The Chair accepted the Point of Order that the motion is confined to the wording as noted.

- Tracey Packer noted that the members' comments on this and the motion brought by SFLI highlights that there needs to be more consideration on specific structural interventions.
  - ⇨ She added that the Committees' intention was to open the discussion for the future rewriting of the Prevention Plan.
- Emalie Huriaux explained that the intention was that the recommendations be cited as examples of feasible interventions.
  - ⇨ She pointed out that the current Prevention Plan includes only a half page on structural interventions, and it is not at all clear that providers can apply for funding for, or would be supported if they proposed structural interventions.
- William Bland suggested that it would have been helpful if the Committee had come up with a process by which structural interventions could be implemented.
- Ken Pearce said that he didn't think there was any challenge to the first two bullets points on the Proposed Motions document and suggested they be included as part of this motion.

- ⇨ He also suggested the third bullet could read, "*HPPC will include examples of structural interventions in the next Prevention Plan.*"
- Emalie Huriaux suggested that the third bullet could be that HPPC will convene a process to create examples for the next Prevention Plan.

Motion as made and seconded to amend the Committee's motion to include the first two bullets:

"
- *DHP should promote the fundability of structural interventions*
- *HPPC should enhance the structural interventions section of the next HIV Prevention Plan by adding tools to support organizations in developing structural interventions*"

And to add an amended third bullet:

"
- *HPPC will convene a process to develop examples of structural changes for inclusion in the next HIV Prevention Plan.*"

The Question was Called, no objections were offered. The vote on the amendment was by show of hands. The motion was approved unanimously

The Question was Called on Motion 2, no objections were offered. The vote to approve the S&I Committee's Motion 2 as amended was by roll call.

Member	Vate
Angie Baker	Yes
Gayle Burns	Yes
Edward Byram	Yes
Chadwick Campbell	Yes
Dee Hamptan	Yes
Emalie Huriaux	Yes
Billie-Jean Kanias	Yes
Tam Kennedy	Yes
Weihaur Lau	Yes
Derrick Mapp	Yes

Member	Vote
Jahn Newmeyer	N/P
Tei Okamata	Yes
Tracey Packer	Yes
Calin Partridge	Yes
Ken Pearce	Yes
Chandra Sivakumar	Yes
Gwen Smith	Yes
Frank Strana	Yes
Abbie Zimmerman	Yes

The result of the was Yes 18, No 0. The motion was approved.

S&I Committee's Motion 3: "*The identified Plan improvements be approved for recommendation to the HPPC in developing the next SF HIV Prevention Plan.*"

Comment and Discussion

- Michael Discepola said that he thought the Plan was already quite accessible with lots of examples and expressed concern of the Plan becoming unwieldy.
  - ⇨ Abbie Zimmerman said that the Committee reviewed the Plan section by section, with members reviewing areas of their own expertise and found that it could be more user-friendly and resources are often too academic
  - ⇨ Angie Baker raised a Point of Information asking that this motion was for ease of information access only, and was told yes.

The Question was Called no objections were raised. The vote on the S&I Committee's Motion 2 was by roll call.

Member	Vate
Angie Baker	Yes
Gayle Burns	Yes
Edward Byram	Yes

Member	Vote
Jahn Newmeyer	Na
Tei Okamata	Na
Tracey Packer	Yes

Chadwick Campbell	Yes	Calin Partridge	Na
Dee Hamptan	Yes	Ken Pearce	Yes
Emalie Huriaux	Yes	Chandra Sivakumar	Yes
Billie-Jean Kanias	Yes	Gwen Smith	Yes
Tam Kennedy	Yes	Frank Strana	Yes
Weihaur Lau	Yes	Abbie Zimmerman	Yes
Derrick Mapp	Yes		

The result of the vote was Yes 16, No 3. The motion was approved.

- Tracey Packer suggested the members voting No make note of their reasons on their evaluation form so as to help understand their objection(s).

SFLI Committee Presentation, continued ...

Members' attention was drawn again to the Vision Statement document presented by the SFLI Committee. Discussion continued, including the following (by topic).

Box 3 – "*Develop an HIV/AIDS Prevention and Care Services Clinic for the Transgender Community.*"

The Committee offered amended wording:
Title: "Explore a Free-Standing comprehensive HIV/AIDS clinic ..."
Vision: "We call on the City and County of San Francisco to work with the guidance of the Transgender Advisory Council..."

- Billie-Jean Kanios expressed her support of more services or increased capacity for this community, but questions consolidating services if it doesn't increase the overall capacity.
  - ⇨ Frank Strona explained that the Committee chose the word, "*Explore*" to address this concern, adding that it doesn't rule in or out a comprehensive free-standing clinic.
- Ken Pearce suggested that the exploration of such a free-standing clinic should include all the providers working in that community, not just the Transgender Advisory Council.

Gayle Burns sought the sense of the Council as to whether it feels it will be ready to vote during this meeting. The Chair ruled that the sense of the Council was affirmative.

Motion was made and seconded to remove the vision portion of the amendment to Box 3. There were no objections to this amendment. The amendment was accepted and the SFLI's amended Box 3 will contain only the text of the title.

The Question was Called to vote on the SFLI Committee's Motion as amended. Objection was raised and discussion continued.

Box 4 - "*Assess Perinatal Transmission Prevention Efforts in San Francisco*"

The Committee offered amended wording:
"*...we call on SF DPH to develop a system for assessing whether the mandated offering of HIV testing for all pregnant women...*"

- Frank Strona noted that the Vision Statement had a typo so that it read as if the tests were mandated rather than the offering of HIV tests to pregnant women.

Tracey Packer raised a Point of Order: The SFLI Committee's amendments were based on the discussion earlier in this meeting in hopes that something could be approved. She pointed out that it is acceptable to decline (vote No) on the Committee's amended motion. If the Council

declines a motion, she emphasized, the proposal is sent back to the Committee for more discussion; it does not disappear.

Box 5 – "*Expand Citywide HIV Education and Prevention Efforts*"

- Frank Strona noted that as the noted that the recommended examples of interventions listed were stricken from the S&I Committee's motion, they should be deleted here.

The Committee offered an amendment to:

- Strike the final sentence prior to the bullet point list (sentence beginning, "*Some examples …*"); and
- Strike the bullet point list.

There was no additional discussion. The Committee's amendments were accepted without objection.

The vote on accepting the SFLI Committee's Motion as amended was by roll call.

Member	Vote
Angie Baker	Abstain
Gayle Burns	Yes
Edward Byram	Abstain
Chadwick Campbell	Yes
Dee Hamptan	Yes
Emalie Huriaux	Yes
Billie-Jean Kanias	Yes
Tam Kennedy	Yes
Weihaur Lau	Abstain
Derrick Mapp	Abstain

Member	Vote
Jahn Newmeyer	Yes
Tei Okamota	Yes
Tracey Packer	Yes
Calin Partridge	Yes
Ken Pearce	Yes
Chandra Sivakumar	Yes
Gwen Smith	Abstain
Frank Strana	Yes
Abbie Zimmerman	Yes

The result of the vote was Yes 14, No 0, Abstain 5. The motion was approved.

- Gayle Burns suggested that it would be helpful if the members who abstained to provide some explanation of their vote on their evaluation forms.

Summary, Evaluation, and Closure of Meeting

Gayle Burns reminded members to fill in their evaluation forms. The meeting adjourned at 5:58 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Lisa Reyes and Tracey Packer.

The next HPPC business meeting, will be Thursday, November 9, 2006
at the Quaker Meeting House, 65 Ninth Street, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, November 9, 2006
3:00-6:00 pm

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Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

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Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, and Announcements**	**Tracey Packer**
3:10 pm	**Review and Approval of Minutes from Oct 12 (Vote)** Objective: To discuss and approve the minutes from the most recent council meeting.	**Tracey Packer**
3:15 pm	**General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**Tracey Packer**
3:25 pm	**Member Response to Public Comment**	**All**
3:30 pm	**HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section.	**Tracey Packer**
3:50 pm	**Election - HPPC Community Co-Chair (Vote)** Objective. To elect a new HPPC Community Co-Chair.	**Tracey Packer**
4:00 pm	**Presentation – Points of Integration Between CARE and Prevention (POI) (Vote)** Objective: To approve the Points of Integration Committee's recommendations for disclosure services and preliminary recommendations preventing late-testing.	**Edward Byrom & Bill Blum**
4:45 pm	**Break**	**All**
5:00 pm	**Presentation – Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)** Objective: To understand the role of UCHAPS and to provide an overview of UCHAPS scope of work.	**Perry Rhodes III, Gayle Burns, Israel Nieves Rivera, and Eileen Loughran (HPS)**
5:50 pm	**Summary, Evaluation, and Closure of Meeting**	**Tracey Packer**

Note. All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Membership/CLC (2nd Monday): Nov 13 & Dec 11, 3:00-4:30 PM, 25 Van Ness Ave
Points of Integration Btw Prev & CARE (3rd Tues): Nov 21 & Dec 19, 3:30-5:30 PM, 25 Van Ness
Strategies & Interventions (1st Thurs): December 7, 4:00-5:30 PM, 25 Van Ness Ave
Steering (4th Thurs): November 16, 3:00-5:00 PM, 25 Van Ness Ave, 330A

San Francisco Leadership Initiative: This Committee finished their work – no more meetings.

Full Council: Thursday, December 14, 3:00 – 6:00 PM, no business meeting, HPPC training only

Know your rights under the Sunshine Ordinance. Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax. 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV Prevention Planning Council (HPPC)
Team Building Training
Thursday, December 14, 2006
3:00 – 5:45 PM

Port of San Francisco
Pier One (at the foot of Washington Street)
Next to the Ferry Building
Bay Side Conference Room
San Francisco, CA

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Agenda

Meeting called by Co-Chairs: Gayle Burns, Tracey Packer, and Perry Rhodes III

3:00 pm	**Welcome, Introductions, Announcements & Food**	Perry Rhodes III
3:10 pm	**General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	Perry Rhodes III
3:20 pm	**Member Response to Public Comment**	All
3:30 pm	**Native Blessing** Members of the Native American Drumming Circle will perform a song in honor of the Council and the work they do in the community	Native American Drumming Circle - All Nations
3:35 pm	**2006: An Overview of Our Work** Kathleen Roe of the Community Health Studies Group will review our accomplishments of 2006 and give us insight and direction for 2007	Kathleen Roe, CHSG
4:05 pm	**Member Appreciation** HPPC Co-chairs will give certificates of appreciation to members.	Perry Rhodes III
4:20 pm	**Break**	All
4:30 pm	**Speed Friending** The Membership Committee will lead the group through an exercise to develop teambuilding and open communication amongst members.	Membership Committee
5:30 pm	**Have You Ever.....** The Membership Committee will lead the group through a warm up exercise to explore and celebrate the rich diversity of experiences amongst members.	Membership Committee
5:40 pm	**Closure and Evaluation**	Perry Rhodes III

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Full Council: Thursday, January 11, 2007, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St.

Steering (4th Thurs): January 25, 2007, 3:00-5:00 PM, 25 Van Ness Ave, San Francisco

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HIV Prevention Planning Council Meeting
Thursday, January 11, 2007
3:00-6:00 pm

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Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

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Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, and Announcements**	**Gayle Burns**
3:10 pm	**Review and Approval of Minutes from 11/9 & 12/14 (Vote)** Objective: To discuss and approve the minutes from the most recent council meeting.	**Gayle Burns**
3:15 pm	**General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business	**Gayle Burns**
3:25 pm	**Member Response to Public Comment**	**All**
3:30 pm	**HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section.	**Gayle Burns**
3:40 pm	**Goals and Visions for the HPPC and HIV Prevention Planning for 2007 (Vote)** Objective: To inform HPPC members of the vision for HIV prevention planning and how the Council will support it through their committee and Council work. · Scope of Work (VOTE)	**Gayle Burns** **Tracey Packer** **Perry Rhodes III**
4:10 pm	**Committee Work 2007:** Members will meet in committees and 1) select an interim co-chair(s), 2) set meeting times, 3) choose how they wish to be evaluated: Zoomerang online or paper survey. The four committees will be Membership/Community Liaison, Points of Integration (POI), Substance Use Issues & Structural Solutions, and Show me the Data: Pre-HIV Prevention Plan .	**All**
4:30 pm	**The HPPC: Behind the scenes** Objective: To inform HPPC members of the individuals and groups that support us and help us reach our goals.	**Gayle Burns**
4:45 pm	**Break**	**All**
5:00 pm	**Attendance Policy** **Objective: To inform the Council members of the process and importance of developing an attendance policy for 2007.**	**Michael Paquette** **Perry Rhodes III** **Israel Nieves-Rivera**
5:45 pm	**Summary, Evaluation, and Closure of Meeting**	**Gayle Burns**
5:50 pm	**Check-in with New members** Objective: To give new HPPC members an opportunity to debrief the meeting and ask questions about the process.	**All**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:

Membership/Community Liaison Committee: TBD
Points of Integration Between Prevention & CARE: TBD
Pre-HIV Prevention Plan Committee: TBD
Steering (4th Thurs): January 25, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Substance Use Issues & Structural Solutions: TBD
Full Council: Thursday, February 8, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

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HIV PREVENTION PLANNING COUNCIL

Minutes

January 11, 2006 ? 07

The next HPPC business meeting will be held on Thursday, **February 8, 2007**
3:00 - 6:00 PM
Milton Marks Conference Center, The State Building
455 Golden Gate Ave (between Larkin & Polk Streets)
Lower Level San Diego Rooms A, B, & C, San Francisco

Members Present:
Randy Allgaier
Shane Anglin
Michelle Bakken
Bernie Berger
Gayle Burns
Edward Byrom
Chadwick Campbell
David Diaz
Michael Discepola
Thomas Ganger
Isela Gonzalez
Dee Hampton
Emalie Huriaux
Billie-Jean Kanios
Tom Kennedy
Weihaur Lau
Derrick Mapp
Pete Morse
John Newmeyer
Tracey Packer
Colin Partridge, Emeritus
Ken Pearce
Perry Rhodes III
Jenny Lynn Sarmiento
Chandra Sivakumar
Gwen Smith

Members Present, cont...
Eiko Sugano
Rakli Wilburn
Luke Woodward
Abbie Zimmerman

Members Absent:
Eduardo Antonio-Lopez
Jonathan Batiste
Janetta Johnson*
Tei Okamoto
Gail Sanabria*
Frank Strona*
Janay Washington

* These members informed the Chair in advance of their absences.

Harder + Co.:
Aimee Crisostomo
Kym Dorman
David Weinman (Note-taker)

Guests:
Mathew Bajko - Bay Area Reporter
Joe Ramierez Forcier - Positive Resource Center
Jen Hecht - Stop AIDS Project
Carolyn Hunt - CAPS
Jeff Klausner -DPH, STD Section
Jack Newby - HIV HSPC (CARE Council)
Charles Siron - CARE Council
Mark Utterback - Stop AIDS Project

HIV Prevention Section:
Vincent Fuqua
Guillermo Gonzalez
Matt Jennings
Ju Lei Kelly
Betty Chan Lew
Eileen Loughran
Israel Nieves-Rivera
Michael Paquette
Jenna Rapues
Lisa Reyes

Process Evaluation Team:
Kevin Roe

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Welcome, Introductions, and Announcements

Gayle Burns called the meeting to order at 3:06 PM, welcoming all attendees. She explained that the HPPC has three Co-Chairs, two from the community one from the government. The Co-Chairs rotate responsibilities. She then called for a moment of silence in remembrance of Darnell Durio, who had served on the San Francisco HIV Health Services Planning Council (HHSP / CARE Council) for more than three years, as well as other aspects of the fight against HIV/AIDS; and Gustavo

Cravioto who worked at Instituto Familiar de la Raza, launched, "*Ms. and Mr. Gay Safe Latino*" and was a long-time educator and advocate in the immigrant community.

Gayle Burns asked attendees to introduce themselves and make relevant announcements.

- Ed Byrom announced he is leaving Native American AIDS Project (NAAP) and is taking a position with the Black Coalition on AIDS (BCA).
  - ⇨ He noted that this would leave a position open at NAAP for those interested.
- Eiko Sugano announced that the Connect to Protect Project is having a series of workshops in the Bay Area and is looking for youth (12-24) co-facilitators.
  - ⇨ The initial workshops will deal with patient-doctor confidentiality.
  - ⇨ Interested candidates should contact her for more information.
- Shane Anglin announced an event called Lift Bay Area. The launch party will be held at the Lesbian, Gay, Bisexual, Transgender (LGBT) Center on Friday 02/09/07 from 6:00 to 9:00 PM.
- Michael Discepola announced the Stonewall Project's new campaign entitled, "*Hot Sex Without Crystal? Hell Yes!*" featuring erotica stars in a sex-positive print campaign that will appear in magazines and posters.
  - ⇨ He distributed copies of an article that ran in the SF Bay Area Reporter (BAR), 01/11/07 (Vol. 37, No.2) entitled, "*Porn actors set to star in meth campaign,*" copies of which are available to absent members upon request.
  - ⇨ He noted that this campaign is funded by the DPH as part of priorities set by the HPPC.

General Public Comment

Gayle Burns asked for public comment. She then introduced Jeff Klausner, MD, Deputy Health Officer, Director, STD Section, SFDPH

- Jeff Klausner distributed two articles entitled, "*Healthy Penis: San Francisco' Social Marketing Campaign ...*" PLoS Medicine, December 2006, Vol 3, Issue 12, p2199-2202; and, "*Social Marketing Campaign Significantly Associated With Increase in Syphilis Testing... ,*" Sexually Transmitted Diseases, July 2005, Vol 32, No. 7, p. 395-399. Copies of both articles are available to absent members upon request.
  - ⇨ He highlighted these articles to demonstrate that social marketing executed by professionals in collaboration with community members and health professionals can have a significant impact.
  - ⇨ He added that the HPPC supports social marketing campaign as a strategy, but recommended that the HPPC endorse rigorous external evaluation; and that all social marketing should have a marketing plan. He added his recommendation that any action taken by the HPPC regarding social marketing evaluation include a rigorous external peer-review process; as opposed to an internal program review; and that all social marketing should have a marketing plan.

Members Response to Public Comment

Gayle Burns called for members' response to Public Comment, which included the following.

- Isela Gonzales thanked Jeff Klausner for bringing these articles to the Council's attention adding her agreement that external, peer-reviewed evaluation is important.

- Tracey Packer indicated that the subject matter of the article in the BAR newspaper will probably be more of an issue as the year progresses.
  - ⇨ She noted that that the content of social marketing is relevant to the HPPC, and that the Steering Committee would discuss how to include this topic in the Council's agenda in the future.

Review and Approval of Minutes from 11/9 & 12/4

Motion was made and seconded to approve the minutes for the 11/09/06 and 12/04/06 meetings. There was no discussion of, or objection to, the motion. The motion was approved with Tom Kennedy abstaining.

HPPC Co-Chairs/Steering Committee Written Report

Gayle Burns noted that the document entitled, "*Co-Chairs Report January 11, 2007*" had been distributed to all members in advance of the meeting. She then asked if any member had not received the report, or if there were questions. No issues or questions were raised.

Gayle Burns and Tracey Packer announced that the next HPPC meeting will be a joint meeting with the CARE Council on Thursday, 02/08/07 at the California State Building with:

- ⇨ HPPC business from 3:00 – 4:30;
- ⇨ Joint Council business from 4:30 to 6:00; and
- ⇨ CARE Council business from 6:00 – 7:30
  - HPPC members are welcome to stay for the CARE Council meeting.

Tracey Packer explained that the Councils try to have a joint meeting every year alternating between the HPPC and the CARE Council's regularly scheduled time/date.

Sunshine Ordinance Complaint

Tracey Packer explained that the HPPC is considered a policy body under the SF City Charter, and must therefore follow the rules of the Sunshine Ordinance. The HPPC has had some recent challenges in this regard. While HPS professional staff is responsible for representing the HPPC in such matter, the members should be aware of them. There have been two complaints from Michael Petrelis and one from Cynthia Laird, of the Bay Area Reporter; as follows.

- Michael Petrelis' first complaint asserts that HPPC did not allow him to distribute materials during a meeting, and that it didn't allow photography during a meeting.

⇨ Although the HPPC is required to allow photography, it has implemented a policy that requires pre-approval notification to the Co-Chairs, who in turn can inform the members of such photography.

⇨ This procedure was a result of intrusive photographic techniques used in the past, which were abusive to members, distracting, and disruptive to the HPPC's business.

⇨ Likewise with materials distribution: materials can be made available by being placed on a table, or may be distributed during an HPPC meeting by giving them to the Co-Chairs for orderly distribution.

⇨ As with photography, this procedure was put into place as a result of materials being distributed in the past in a manner that was disruptive, abusive, and detrimental to the HPPC's ability to conduct its business.

- Michael Petrelis' second complaint was that Walter Chow, the SF Project Officer from the CDC was introduced during the meeting 11/09/06 and made brief remarks about his visit to SF and this was not on the meeting's agenda, although no action was either requested of or taken by the HPPC.
- Cynthia Laird of the BAR lodged a complaint that the HPPC turned away a photographer from that newspaper.

⇨ He was not actually turned away, but informed that he had to notify and get approval from the Co-Chairs prior to the meeting but chose to leave instead.

- Tracey Packer will appear before the Sunshine Ordinance Taskforce – Room 408 City Hall on 02/27/06 at 4:00 PM regarding Michael Petrelis' compaints and 03/27/04 at 4:00 PM regarding Cynthia Laird's complaint.

⇨ Members were invited to attend and would be given the opportunity to testify.

⇨ Information will be sent providing details on this meeting.

- The HPPC put these policies in place to protect Council members, ensuring that they feel safe, that they are respected, and will remain active in the HPPC so that the Council can conduct its business of setting priorities for prevention.
- Israel Nieves Rivera pointed out that there is an article in BAR (01/11/06, Vol. 37 Iss. 2) regarding Cynthia Laird's complaint.
- Ken Pearce noted that he appreciates that the Co-Chairs protects members.

⇨ He observed that because the Co-Chairs are too polite and sensitive there are times when they don't cutoff interruptions to the Council's work quickly enough.

⇨ He added that he appreciates being informed when picture is being taken so that he can choose to have his taken, or not.

Ken's comments were met with applause.

- Colin Partridge noted that he was a Council member during some of the years that meetings were "*flammable,*" and that he appreciates the precautions being taken.

Participant Profiles

Kevin Roe noted that in the past the HPPC has sent around a Zoomerang email asking each member about themselves and their work. This information is then shared with other members so that the members can get to know each other better. He asked if members would like this to happen this year, and the consensus was affirmative.

Goals and Visions for the HPPC and HIV Prevention Planning for 2007

The presentation entitled, "*Scope of Work January 11, 2007,*" was distributed, (copies of which are available to individuals upon request.) The three Co-Chairs conducted the presentation. Their additional comments included the following.

- This is the proposed scope of work for the HPPC for 2007
  - ⇨ Review of last year's scope of work shows the Council making good progress.
  - ⇨ SF already does a good job finding new and innovative approaches to prevention, but needs to continue to take risks – "*Push the envelope.*"
- The work in 2007 is also about putting into place what was proposed in the HIV Prevention Plan from 2004.

- Slide 4 - "Moving upstream" using the structural intervention exercise metaphor in which interventions look to root causes of HIV risk
- Slide 5 - Documenting our successes comes from the work done by the '06 SF Leadership Initiative Committee with the idea being that due to its leadership role SF needs to let it accomplishments and challenges be known so others can gain from its experiences.
- The schedule for the next HIV Prevention Plan includes:
  - ⇨ The Epidemiology Section was done in 2006;
  - ⇨ Preliminary priority setting work to be done by the Show Me the Data: Pre HIV Prevention Plan Committee;
  - ⇨ Writing the plan document during 2008; and
  - ⇨ Publishing and it going into effect in 2009.
- Slides 7-8 - The proposed scope of the work for the 2007 Committees is outlined by the Co-Chairs' recommendations, but the Committees will refine their actual objectives.

Gayle Burns explained that everyone's voice around the table is important, and part of the Council's task is to ensure that all of the community's needs are addressed.

Motion was made and seconded to accept the scope of work as presented by the Co-Chair's presentation. There was no further discussion. The vote was by Roll Call.

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	Yes
Shane Anglin	Yes	Derrick Mapp	Yes
Michelle Bakken	Yes	Pete Morse	Yes
Bernie Berger	Yes	John Newmeyer	Yes
Gayle Burns	Yes	Tracey Packer	Yes
Edward Byrom	Yes	Ken Pearce	Yes
Chadwick Campbell	Yes	Perry Rhodes III	Yes
David Diaz	Yes	Jenny Lynn Sarmiento	Yes
Michael Discepola	Yes	Chandra Sivakumar	Yes
Thomas Ganger	Yes	Gwen Smith	Yes
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes	Rakli Wilburn	Yes
Emalie Huriaux	Yes	Luke Woodward	Yes
Billie-Jean Kanios	Yes	Abbie Zimmerman	Not Present
Tom Kennedy	Yes		

The scope of work for 2007 was approved by a vote of 28-0. The result was met with applause.

Committee Work for 2007

Tracey Packer explained that members were asked for their first and second choices for committee assignment. Attempts were made to place everyone in their first choice. Each Committee, however, also had to be balanced with representation from various groups; including race/ethnicity, sexual orientation, experience, background and other considerations. Some members were asked to take their second choice of assignment. Difficulties with Committee assignments should be raised with Co-Chairs or members of the HPS staff. The members then met in the four Committees for the first time.

The results of their first meetings included the following;

Membership and Community Liaison Committee

- ⇨ Co-Chairs: Dee Hampton & Weihaur Lau
- ⇨ First Meeting Monday 02/12/07 1:30 – 3:00 PM

Points of Integration between Prevention and Care Committee (POI)

- ⇨ Co-Chair: Ed Byrom, from Prevention
- ⇨ First Meeting: Tuesday 01/16/07, 2:00 PM

Substance Use Issues and Structural Solutions Committee

- ⇨ Interim Co-Chairs: Emalie Huriaux and Shane Anglin
- ⇨ Meetings: 1st Thursdays 3:30 – 5:00 PM
- ⇨ First Meeting: 02/01/07

Show Me the Data Committee

- ⇨ Interim Chair: Isela Gonzalez
- ⇨ First Meeting: 02/01/07, 2:30 – 4:30 PM
- ⇨ Note: Four Committee members not in attendance at this Council meeting.

Questions and Comments

- In response to Ken Pearce's question Gayle Burns explained that members may, and are encouraged to, attend any committee meetings, and that all meetings are open to the public. Members can only vote at their assigned committee.
- Gayle Burns noted that Interim Co-Chairs should attend the Steering Committee meeting on 01/25/07, 3:00 – 5:00 PM.

The HPPC: Behind the scenes

Gayle Burns and Eileen Loughran explained that the HPPC is a partnership between the DPH and the SF community. Behind the scenes are the HPS, Harder & Co., and the Process Evaluation team. Copies of the presentation entitled, "*Partners in Community Planning*" had been distributed to all members in advance of the meeting. Eileen Loughran, Vincent Fuqua, Aimee Crisostomo, and Kevin Roe conducted the presentation. Their additional comments included the following.

- Two of the familiar professional staff members Lisa Reyes and Dara Coan, will not be as active in HPPC business this year; but will remain important resources for the group.
- Slide 3 & 4 – At council meetings only the Government Co-chair can vote. The other HPS staff attend the meeting to support the Council.
  - ⇨ In committee meetings HPS professional staff members participate and share a vote. HPS staff can not serve as Co-Chair on a committee.
  - ⇨ Members should let HPS staff member know if they have difficulties, or need specific materials such as minutes or agendas.

  The members expressed its appreciation for the HPS with applause.
- Slide 5 – Harder & Co has been working with the HPPC for 13 years.'

- ⇨ This year there will be a representative of Harder & Co at each committee meeting, Show Me the Data, Points of Integration Between Prevention and CARE, and Substance Use and Structural Solutions.

The members expressed its appreciation for the minute taker and Harder & Co with applause.

- Slide 6 – Kevin Roe distributed the document entitled, "*Process Notes,*" copies of which are available to absent members upon request.
  - ⇨ This document provides some background on the CDC's requirement and SF's commitment to process evaluation.
  - ⇨ Kathleen Roe usually performs the process evaluation at Council and Steering Committee meetings, however, Kevin will be working on the team this year as well.
  - ⇨ The Process Evaluation form tracks how well each of the items on the agenda was handled, and was designed to be executed quickly.
  - ⇨ The Participant Dialogue Box form are for comments not specific to agenda items, and is intended to provide a means by which members can provide comment, including what they may need more information, or clarification on.
    - This is meant for constructive comment, not as a tool to berate others.
  - ⇨ The Process Evaluation team makes comment to the Co-Chairs after each meeting, this is what members might see them typing on their laptops during Council meetings.
- Eileen Loughran pointed out that a lot of planning goes into the Council and committee meetings.
- The attendees joined Gayle Burns in expressing its thanks to the HPS professional staff, Harder & Co, and the Process Evaluation team with applause.

Attendance Policy

Perry Rhodes III introduced and provided framework for the review of the Attendance Policy, including the following.

- ⇨ It is not intended to be punitive, but rather a policy regarding attendance.
- ⇨ It was implemented during 2006, and agreed that it would be reviewed thereafter.
- ⇨ Through 2006 members were asked for their input.

He explained that reviewing members' input from the 2006 experience highlighted the importance of understanding why HPPC put a policy in effect in the first place and the need for some refinements to the current policy.

He then introduced Michael Paquette and Israel Nieves-Rivera to conduct the presentation entitled, "*Review of HIV Prevention Planning Council Attendance Policies*" copies of which had been distributed to all members in advance of the meeting. Additional comments included the following.

- Slide 4 & 5 – The role of the policy is to allow the group to do its work, while being applied equally and fairly, and with the recognition that no policy is without flaws.
- Slide 8 – Provides background on the issues that has been discussed and tried over the history of the HPPC
- Slide 10 – During a Leave of Absence that member's seat is considered occupied and the Membership Committee may not recruit a new member to fill the potential vacancy.

- ⇨ 2004 was the year that prompted the drafting and adopting of the current policy.
- Slides 11 & 12 – The current policy has demonstrated a positive impact on members' attendance in 2005 and 2006.
- Slide 13 – The proposed policy eliminates the Emeritus status.
  - ⇨ Such status was borrowed from the state planning group, which has also eliminated it.
  - ⇨ Even with its elimination the current Emeritus member, Colin Partridge, would retain that membership status through 2007.

Questions & Comments

- Abbie Zimmerman asked why some Emeritus members had to wait a year and a half to become a full member again, whereas others didn't.
  - ⇨ It was explained that depending upon when in the Council's annual cycle a member's absences causes termination of membership; if termination happens during or after the recruitment period the member has to wait until the next cycle to re-apply.
    - For instance, if one's membership is terminated in August of year one, it is too late to apply for membership in year two as recruitment has ended and the best that person can do is apply for year three. However, if one's membership is terminated in June of year one, one can reapply during the recruitment period (July-August) and take up membership at the beginning of year two (January).
    - It was noted that although this was applied equally, it might seem unfair.
  - ⇨ Israel Nieves-Rivera also pointed out that the idea of the Emeritus status was to give members who could not meet the attendance requirements a voice at the table.
    - He noted, however, that the feedback from some of those Emeritus members was that although they had a voice at the table, without a vote they felt far from equal.
  - ⇨ Perry Rhodes III added that although it seems to him better to be an Emeritus member and sit at the table, this is not the feedback he has received from Emeritus members.
    - He also pointed out that HPPC meeting are public and former members are welcome to make public comment.
- Ken Pearce asked if there are attendance requirements to Emeritus status.
  - ⇨ Israel Nieves-Rivera explained that there were no such requirements; however, the policy said that Emeritus members "*should*" attend Council and Committee meetings.
- Ken Pearce asked about Leave of Absence under the current and proposed policies.
  - ⇨ Israel Nieves-Rivera explained that neither policy has a Leave of Absence provision.
- Colin Partridge explained that he never thought the policy to be punitive, that the communication was respectful, and that as Emeritus member one can still bring up points that are important.
  - ⇨ He added that he likes the proposed policy of missing three Council or Committee meetings in a row rather than the current policy.
- Michael Discepola expressed his support of the proposed policy, albeit with reservation.
  - ⇨ He highlighted his concern that due consideration has not been given to an exception being made to medical absences for People Living with HIV/AIDS (PLWHA).
  - ⇨ He added that he doubts that such would amount to significant number of absences while at the same time underlining the Council's awareness of the medical and mental health stresses facing the community living with HIV/AIDS.

- ⇨ Israel Nieves-Rivera pointed out that other bodies' policies were reviewed and the HPPC's was found to be generous in regards to absences. The SF Disability Commission's policy was included in this review process.
- ⇨ Michael Discepola noted that over the years several members who have taken medical leave from the HPPC due to HIV/AIDS have contributed significantly to the Council's work.

- In response to Shane Anglin's question, Gayle Burn's explained that new members' attendance during the provisional period (November and December) has no impact under the current and/or proposed attendance policy.
- Abbie Zimmerman expressed her strong disagreement with discontinuing the Emeritus membership status by highlighting the difference between sitting at the Council table, as opposed to being with the general public.
  - ⇨ She added the suggestion of giving Emeritus status to members who have been on the Council for a year or more upon completion of their membership term.
- Ken Pearce expressed his appreciation for the work put into the proposed policy.

The members joined Ken Pearce in an expression of appreciation with applause.

- He then noted his agreement with keeping Emeritus membership, as well as extending it; suggesting however, it be reserved for those who have served for longer than a year.
- Michael Discepola expressed his support for keeping Emeritus membership status.
  - ⇨ He noted that his opposition to his personal Emeritus status was complicated with other factors.
- He suggested that while he thought that knowing what other bodies were doing is valuable, the HPPC is unique.
  - ⇨ He questioned if the root of participation and quorum problems has been members' health related absences, or other attendance issues.
  - ⇨ He also suggested there are other ways of dealing with quorum issues.

Co-Chair Perry Rhodes III stated that he sensed there was broad support for keeping the Emeritus status.

- Randy Allgaier noted that on the CARE Council members on leave are not counted quorum calculations.
- Derrick Mapp observed that while the absence rate fell significantly from 2004 to 2006, such may be accountable to the implementation of the policy, or because there was significant discussion about attendance, and about creating an attendance policy.
- He added that his recollection was that Emeritus status was added to the policy as it was in transition, and so it may not have felt equitable to members as it was offered to them.
  - ⇨ If incorporated into the new policy, he expressed belief that that it will seem fairer and like more of the established order of the Council.
- Isela Gonzalez pointed out that last year she Co-Chaired a very large committee that, over the months, dwindled in sized; and though she tried to incorporate the viewpoints of absent members, by the end of the year she found it particularly difficult to accomplish the scope of work.
- She also observed that Emeritus members' views are often very valuable.

- Abbie Zimmerman highlighted that she would rather have the option of Emeritus status, than merely be terminated from membership.
- Emalie Huriaux noted her experience of being on a Committee that had difficulty with PIR, which she described as being more important than quorum.
  - ⇨ She questioned if leaves of absence would impact PIR.
- She added that she finds Emeritus status is a good balance between members' changing commitments and the Council's needs.
  - ⇨ She pointed out that Emeritus members' voices have been valuable in Council and committees and shouldn't be lost.
  - ⇨ She observed that Emeritus member Joani Marinoff had a very large impact on the Committee she Co-Chaired last year.
- Weihaur Lau noted that sometimes the only representative from certain minority groups are Emeritus members, and therefore supports retaining the status.
- Gwen Smith suggested that although Emeritus membership is a good idea, she added that there should be some incentive for perfect attendance.
- Perry Rhodes III thanked the members for their feedback and indicated that the issues raised would be kept in mind as a proposal is put together for the Council's consideration at the February (02/08/07) meeting.
- A lot of questions were raised about reinitiating a Leave of Absence Policy . It was pointed out that since this is a sensitive and charged topic it was suggested that members make comment on their Process Evaluation Form.

Gayle Burns asked members who did not express themselves during the discussion, to put their thoughts on the Process Evaluation form.

(During the discussion it was repeatedly noted that the discussion was informational, and that the Council would vote on the Attendance Policy next month.)

Summary, Evaluation, and Closure of Meeting

Gayle reminded members to complete their evaluation forms. The meeting adjourned at 5:57 PM.

New Members – Check In

Gayle Burns asked the new members if they had questions or comments.

- Michelle Bakken explained why her service dog was with her.

Minutes prepared by David Weinman.
Minutes reviewed by Eileen Loughran and Tracey Packer.

The next HPPC business meeting will be Thursday, February 8, 2007
Milton Marks Conference Center, The State Building, 455 Golden Gate Ave (between Larkin and Polk Streets), Lower Level, San Diego Rooms A, B, & C, San Francisco.

Joint Council Meeting
HIV Prevention Planning Council
and HIV Health Services Planning Council
Thursday, February 8, 2007
3:00-6:00 pm

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Lower Level, San Diego Rooms A, B & C
San Francisco, CA

Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, and Announcements**	**Tracey Packer**
3:10 pm	**Review and Approval of Minutes from 1/11/2007 (Vote)** Objective: To discuss and approve the minutes from the most recent council meeting.	**Tracey Packer**
3:15 pm	**General Public Comment** Objective. To hear the comments of community members on matters relevant to Council business.	**Tracey Packer**
3:25 pm	**Member Response to Public Comment**	**All**
3:30 pm	**HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section.	**Tracey Packer**
3:40 pm	**Election of an At-Large Member to the Steering Committee (Vote)** Objective. The Steering Committee is asking for nominations for one At-Large member to the Steering Committee. At-Large Members are HPPC members and are not chairs or co-chairs of their committee. At-Large Members are regular members of the Steering Committee with voting responsibilities.	**Tracey Packer**
3:50 pm	**Attendance Policy (Vote)** **Objective: To inform Council members of the suggestions made to the policy which was presented last month. The group will vote on an attendance policy for 2007.**	**Perry Rhodes, III, Michael Paquette and Israel Nieves Rivera**
4:15 pm	**Break**	
4:30 pm	***JOINT MEETING BEGINS***	
	Roles, Mission & Vision of Councils Presentation *Each Council will briefly present their roles, mission and vision*	**Tracey Packer** HIV Prevention

https://sfpl-exchange.sfpl.org/exchange/sfdocuments/Inbox/FW: Joint Meeting with HIV Prevention Planning Council.EML/1_multipart_xF8FF_3_JOINT HPPC agenda Feb 08 07.doc/C58EA28C-18C0-4a97-9AF2-036E93DDAFB3/JOINT HPPC agenda Feb 08 07.doc?attach=1

	(possible vote) ***Public Comment on this item***	Planning Council, **Don Soto** HIV Health Services Planning Council
4:45 pm	**Introductions**	**Both Councils**
5:00 pm	**Serosorting and Strategic Positioning: Presentation and Discussion** Objective: To inform Council members of the research about serosorting and strategic positioning and to give the opportunity for members to discuss these issues. ***Public Comment on this item***	**Jeff McConnell, Gladstone Institute**
5:50 pm	**Next Steps** *The group will discuss next steps for the two Councils to continue work together.* (possible vote) ***Public Comment on this item***	**Co-Chairs from both Councils**
6:00 pm	**Joint Council Meeting Adjourned**	**All**

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments.

UPCOMING HPPC MEETINGS:
Membership/Community Liaison Committee: February 12, 1:30-3:00 PM, 25 Van Ness Ave, Conf Rm
Points of Integration Between Prevention & CARE: February 5, 3:00-5:00 PM, 25 Van Ness Ave., 330B
Pre-HIV Prevention Plan Committee: February 1, 2:30- 4:30 PM, 25 Van Ness Ave., 330B
Steering (4th Thurs): February 22, 3:00-5:00 PM, 25 Van Ness Ave, 330A
Substance Use Issues & Structural Solutions: February 1, 3:50-5:00 PM, 25 Van Ness Ave, Conf Rm
Full Council: Thursday, March 8, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, San Francisco

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JOINT COUNCIL MEETING

HIV Prevention Planning Council *and* HIV Health Services Planning Council

Thursday, February 8th, 2007
4:30-7:30 pm
Milton Marks Conference Center
The State Building
455 Golden Gate Avenue (between Larkin & Polk Streets)
Lower Level, San Diego Rooms A, B & C
San Francisco

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DRAFT AGENDA

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer (HPPC)
Stephen Herman, Billie-Jean Kanios and Don Soto (HIV HSPC)

4:30 pm	***JOINT MEETING BEGINS***	
	Roles, Mission & Vision of Councils Presentation *Each Council will briefly present their roles, mission and vision* (possible vote) ***Public Comment on this item***	**Tracy Packer** HIV Prevention Planning Council **Billie-Jean Kanios** HIV Health Services Planning Council
4:45 pm	**Introductions**	**Both Councils**
5:00 pm	**Serosorting and Strategic Positioning: Presentation and Discussion** Objective: To inform Council members of the research about serosorting and strategic positioning and to give the opportunity for members to discuss these issues. ***Public Comment on this item***	**Jeff McConnell,** Gladstone Institute
5:50 pm	**Next Steps** *The group will discuss next steps for the two Councils to continue work together.* (possible vote) ***Public Comment on this item***	**Co-Chairs from Both Councils**
6:00 pm	**Joint Council Meeting Adjourned**	**All**
	DINNER WILL BE SERVED FROM 6 – 6:10PM	
6:10 pm	**I. Call to Order**	
6:11 pm	**II. Roll Call**	
6:14 pm	**III. Review and Approval of the Agenda**	
6:15 pm	**IV. Review and Approval of the January 22, 2007 Minutes**	

6:16 pm	**V. General Announcements**	
6:18 pm	**VI. Public Comment**	
6:20 pm	**VII. Marin County EMA (Eligible Metropolitan Area) Presentation – VOTE** *Public Comment on this item.*	**Sparkie Spaeth,** Council Member
6:40 pm	**VIII. San Mateo EMA (Eligible Metropolitan Area) Presentation – VOTE** *Public Comment on this item.*	**Ellen Sweetin,** Council Member
7:00pm	**IX. Ryan White CARE Act Reauthorization and Implementation – VOTE** *The Council will review and discuss any guidance from HRSA (United States Health Resources and Services Administration) regarding CARE Act reauthorization implementation.* *Public Comment on this item.*	**Co-Chairs**
7:15pm	**X. Council Membership Renewals - VOTE** • Dorothy Kleffner • Mark Molnar *Public Comment on this item.*	**Mary Lawrence Hicks, Co-Chair** Membership Committee
7:20 pm	**XI. New Business/Next Agenda** • *Council Members will have an opportunity to complete Meeting Evaluation Forms.* • *Please Note: The next full council meeting is scheduled for Monday, February 26th, 2007, Milton Marks Conference Center, 455 Golden Gate Avenue, Lower Level, San Diego Rooms* *Public Comment on this item.*	
7:30pm	**XII. Adjournment**	

Note: Agenda items are subject to change, postponement, or removal. Meeting agendas are considered to be in DRAFT form until reviewed and approved by Committee attendees.

HIV Health Services Planning Council
730 Polk Street 3rd Floor , San Francisco, CA 94109
San Francisco Department of Public Health HIV Health Services
25 Van Ness Avenue, 5th floor, San Francisco, CA 94102

The Milton Marks Conference Center is wheelchair accessible. The closest accessible BART Station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are: #47 Van Ness, and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and at Civic Center.
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HIV Prevention Planning Council *and* HIV Health Services Planning Council
Thursday, February 8th, 2007
4:30-7:30 pm
Milton Marks Conference Center
The State Building
455 Golden Gate Avenue (between Larkin & Polk Streets)
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DRAFT MINUTES

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Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer (HPPC)
Stephen Herman, Billie-Jean Kanios and Don Soto (HIV HSPC)

JOINT MEETING BEGINS

Roles, Mission & Vision of Councils Presentation

CM Soto, CARE Council Co-Chair and Tracy Packer, HIV Prevention Planning Council Co-Chair called the meeting to order at 4:48 p.m.

HIV HSPC CM Soto discussed the roles and responsibilities of the HIV Health Services CARE Council.

HPPC CM Packer discussed the mission, role with the Community Planning Cycle, goals and visions for the HIV Prevention Planning Council (HPPC).

Public Comment on this item

Michael Petrellis commented on two (2) issues –

1) Ryan White CARE Council – Housing crisis for people with AIDS (PWA'S) need to be more creative for subsidies for PWA's and substance abusers....2 many executives making more than 100k in salary, i.e. SF AIDS Foundation.

Prevention Council - Current prevention messages are cluttered and hostile. Stigma is being created.

Introductions

Everyone in attendance from both Councils introduced themselves.

Serosorting and Strategic Positioning: Presentation and Discussion

Jeff McConnell, Gladstone Institute informed Council members of the research about serosorting and strategic positioning.

The presentation, titled "HIV SeroAdaptation: Selecting Sexual Partners, Practices, and Positions in the Midst of an Epidemic" included:

- Time Trends in HIV Risk Behavior in San Francisco 1994-1999
- Could SeroAdaptation Help Reduce the Spread of New HIV Infections

- Design and Methods
- A New Way to Look at Sexual Risk
- Serosorting Reduces Risk in Sexual Partnerships
- Strategic Positioning Further Limits Risk
- Serosorting Increased Over Time: Positive Partners study of Seropositives
- Serosorting: A Learned Behavior in San Francisco MCM Individuals
- Feels that "SeroAdaptation" is a better term to use.
- More UAI (Unprotected Anal Intercourse)
- UAI with Disclosing is Decreasing
- More Strategic Positioning
- Less HIV
- Serosorting by Some HIV+ MSM Who practice UAI May Reduce New Infections by 98%
- Serosorting in a Random Digital Dial Study of 310 Sexually Active Seattle MSM, 2003
- Sexual mixing by HIV status among MSM: Seattle STD Clinic 2001-2005 (n=4265)*
    - * = unduplicated
- Risk of New Bacterial STD Among MSM Seen in the PHSKC STD Clinic based on Serosorting Behavior, 2001-2005
- Serosorting by HIV – MSM Not as Effective as NO UAI, But Better Than Nothing At All…
- Recommendations Regarding Serosorting
- What is the Risk of Superinfection? The is So Much We Don't Know
-
- Who Cares?
- Window Period of Superinfection Susceptibility
- High Incidence of SEDI In Recent Seroconverters
- No Evidence of Superinfection in Cohorts With Longer Term Infection
- 95% of Reported Apparent Superinfections Occurred During the First 3 Years of Infection
- If the Window of HIV Superinfection Closes…..*WHY?*
- Results: nAb Responses to Self and Strangers' Viruses Among Exposed Persons
- **Conclusions**
    - Neutralization responses are narrow and weak in persons with SEDI
        - Even in one person whose superinfection appeared during year 3
        - And in individuals with SEDI during viral suppression on ART
    - Neutralization responses are stronger and broad in persons without superinfection despite high exposure.
        - Including those infected < 2 years

        - Strongest against partner viruses
    - Neutralization of partner viruses may be a mechanism blocking systemic HIV superinfection in persons with well established infections, but this protection may wane during ART
    - Neutralization responses may not protect against limited superinfection but may prevent it from becoming systemic.
        - Additional mechanisms may also block limited or localized superinfection from becoming systemic.

Discussion

Extent respondents responded to researchers with what they wanted to hear – they admitted to having unprotected sex with negatives. It was a self administered questionnaire.

Superinfection description – data (some consensus) appears early in infection. During 1st year or 2 it is easy to acquire another virus then window closes and difficult to find systemic superinfection.

Serosorting occurs with both genders but there are not a large number of heterosexuals in the study.

Public Comment on this item
Michael Petrellis – the serosorting practice was developed by positive people. Part of the message is serosorting may stop HIV infections by 98%. This solidifies the message that current hostile messages are doing more harm than good.

Next Steps

This topic will be further discussed and is part of the Points of Integration mission.

Public Comment on this item
There was no public comment.

Joint Council Meeting Adjourned
The meeting adjourned at 6:10 p.m.

I. Call to Order
The meeting was called to order at 6:32 p.m. by CM Soto.

II. Roll Call
The roll was called and quorum was established.

III. Review and Approval of the Agenda
The Agenda was reviewed and approved by consensus.

IV. Review and Approval of the January 22, 2007 Minutes
Amendments

- General Announcements "Client Advisory Panel" instead of "Citizen's" and delete "*Molnar*" in Public Comments.

The Minutes were approved by consensus with changes noted.

V. General Announcements

- CM Brown is back in the hospital recovering from surgery.
- SF AIDS Foundation will pay CAEAR dues.
- CM Soto accepted to State Planning Group.

VI. Public Comment

There was no public comment.

VII. Marin County EMA (Eligible Metropolitan Area) Presentation

CM Spaeth presented the "Demographics & Trends of HIV/AIDS in Marin County.

ACTION - VOTE to accept the Marin County EMA Report Unanimous

Public Comment on this item.
There was no public comment.

VIII. San Mateo EMA (Eligible Metropolitan Area) Presentation

Matt Geltmaker of San Mateo, presented a report on the San Mateo County AIDS Program Community Advisory Board (CAB). N = 530 clients.

This CAB presentation included:

- Structure (including Gender and Sexual Orientation)
    - Client Population
    - Board
- Challenges, Improvements and Current Work
- Current Client Population Trends

ACTION - VOTE to accept the San Mateo EMA Report Unanimous

Public Comment on this item.
There was no public comment.

IX. Ryan White CARE Act Reauthorization and Implementation

CM Thomas updated the Council regarding review and discussion of latest developments regarding CARE Act reauthorization implementation. The latest developments are not official at this time.

Discussion points included:

- Implementation of current legislation and next reauthorization process strategy.

- Implementation of the new 75/25 rule is expected to become effective immediately with the new award.
- Formula awards 2/3rd will be March 1st then Supplemental later. 5 new areas were given additional time to complete supplemental applications.
- Minority AIDS Initiative (MAI) monies will now be separate and competitive. Every Emergency Metropolitan Area (EMA) must submit an application and the awards are anticipated to go out August 1st and will not be on same timeline as Title I awards. SF CARE Council and AIDS service providers must work with Grantee to bridge services to ensure services are not unfunded between March and award date.
- State Office of AIDS recently did a summit Title II funding is held to the same 75/25 and fortunately AIDS Drug Assistance Program (ADAP) has enough monies at this time for funding.
- There is also an emphasis on a grantee responsibility – carry forward dollars will be different and can only be brought forward if it is from formula awards and not supplemental. The carry forward can not be more than 2% than formula otherwise they will be ineligible for supplemental monies in the following year.

Recommendation that CARE Council still meet as scheduled on February 26th as scheduled to address allocation and latest Reauthorization developments.

ACTION - Report to CAEAR Coalition to be forwarded to CM.

ACTION - Planning Committee will discuss a proposal at the next Committee meeting and forward recommendations to the Steering Committee.

Public Comment on this item.
There was no public comment.

X. Council Membership Renewals

CM Hicks, Membership Committee Co-Chair presented the following renewals

- Dorothy Kleffner
  - **Action - Vote**
    Unanimous
- Mark Molnar
  - **Action – Vote**
    Unanimous

Public Comment on this item.
There was no public comment.

XI. **New Business/Next Agenda**

Please Note: The next full council meeting is scheduled for Monday, February 26th, 2007, Milton Marks Conference Center, 455 Golden Gate Avenue, Lower Level, San Diego Rooms.

Public Comment on this item.
There was no public comment.

XII. Adjournment
The meeting adjourned at 7:35 p.m.

MAR-02-2007 16:32 SFDPH AIDS OFFICE

HIV Prevention Planning Council Meeting
Thursday, March 8, 2007
3:00-6:00 pm

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Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

02-05-07 09:21 RCVD

Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm		**Welcome, Introductions, and Announcements, Changes**	**Perry Rhodes III**
3:10 pm	1	**Review and Approval of Minutes from 2/8 (Vote)** Objective: To discuss and approve the minutes from the most recent council meeting.	**Perry Rhodes III**
3:15 pm	2	**General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**Perry Rhodes III**
3:25 pm	3	**Member Response to Public Comment** Objective: To allow Council members to respond to comments made by community members	**Perry Rhodes III**
3:30 pm	4	**HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section.	**Perry Rhodes III**
3:40 pm	5	**Parking Lot** Objective: To allow Council members to add items for future meetings or discussion	**Gayle Burns** **Tracey Packer** **Perry Rhodes III**
3:50 pm	6	**Introduction to Counseling and Testing Issues:** Objective: To provide an overview of the context for today's counseling, testing and referral services presentations.	**Tracey Packer**
3:55 pm	7	**Needs Assessment:** Objective: To inform HPPC members of the results of the needs assessment on individuals who test late for HIV.	**Harder & Co.**
4:45 pm	8	**Break**	**All**
4:55 pm	9	**New Method for Diagnosing HIV** Objective: To provide the HPPC members with information about a National Centers for Disease Control and Prevention Study conducted in San Francisco and Los Angeles.	**Teri Dowling, Shelley Facente, Thomas Knoble, & Omar Menendez**
5:50 pm	10	**Summary, Evaluation, and Closure of Meeting**	**Perry Rhodes III**

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UPCOMING HPPC MEETINGS:

Membership/Community Liaison Committee: March 12, April 9, 2:00-4:00 PM, Conference room
Points of Integration Between Prevention & CARE: March 5, April 2, 3:00-5:00 PM, 330B
Pre-HIV Prevention Plan Committee: March 1, April 5, 2:30-4:30 PM, 330A
Steering (4th Thurs): March 22, April 26, 3:00-5:00 PM, 25 Van Ness Ave, 330A
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HIV PREVENTION PLANNING COUNCIL

Minutes

March 8, 2007

The next HPPC business meeting will be held on Thursday, **April 12, 2007**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St, San Francisco

HPPC Members Present:
Randy Allgaier
Shane Anglin
Michelle Bakken
Jonathan Batiste
Bernie Berger
William Bland
Edward Byrom
Gayle Burns
Chadwick Campbell
Michael Discepola
Thomas Ganger
Isela Gonzalez
Dee Hampton
Emalie Huriaux
Billie-Jean Kanios
Tom Kennedy
Weihaur Lau
Derrick Mapp
John Newmeyer
Tei Okamoto
Tracey Packer
Ken Pearce
Perry Rhodes III
Gail Sanabria
Chandra Sivakumar

Present, continued...
Gwen Smith
Frank Strona
Eiko Sugano
Rakli Wilburn
Luke Woodward
Abbie Zimmerman

Members Absent:
David Diaz*
Colin Partridge, Emeritus*
Jenny Lynn Sarmiento*
Janay Washington, Emeritus

* These members informed the Chair in advance of their absences.

HIV Prevention Section:
Dara Coan
Vincent Fuqua
Betty Chan Lew
Guillermo Gonzalez
Eileen Loughran
Ju Lei Kelly
Israel Nieves-Rivera
Michael Paquette
Jenna Rapues

Guests:
Teri Dowling, SFDPH AIDS Office
Shelley Facente, SFDPH AIDS Office
Tom Gray, California STD Control Branch
Alice Heimsoth, SFDPH AIDS Office
Jeff Klausner - SFDPH STD Prevention
Jack Newby, HIV Health Services Planning Council
Michael Petrelis
David Pilpel, Sunshine Ordinance Task Force
Amon Rappaport, SF AIDS Foundation
Marise Rodriguez, SFDPH AIDS Office
Mark Utterback, Stop AIDS Project

Harder + Co.:
Aimee Crisostomo
Mara Decker
Kym Dorman
Clare Nolan
Willow Schrager
David Weinman (Note-taker)

Process Evaluation Team:
Kevin Roe

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Welcome, Introductions, and Announcements

Co-Chair Perry Rhodes III called the meeting to order at 3:03 PM. He asked attendees to introduce themselves and make appropriate announcements.

- He announced that the Sunshine Ordinance Task Force (SOTF) reviewed complaints brought against the HPPC and found no violation of the Sunshine Ordinance.
- He also pointed out that Alice Heimsoth was taking photographs for the HPPC website, he asked members that do not want to have their photo included on the site, to contact the Co-Chairs.

- Randy Allgaier explained that the Ryan White Comprehensive AIDS Resources Emergency Act (CARE) award has been has been announced and that it is less than was expected, in part because HRSA used unexpected numbers in making its determination.
- Derrick Mapp made flyers available from the Shanti LIFE Program.
- Weihaur Lau made available flyers regarding a free financial management workshop 03/27/07 "*Money Talks*" focused on the needs of the LGBT and immigrant communities at the César E Chávez Institute – contact Weihaur for information and to RSVP.
- Eiko Sugano distributed copies of the "*Connect to Protect – Bay Area*" (Issue I, 02/2007) newsletter. Copies are available to absent members upon request.
- Jonathan Batiste announced a free screening later that evening of "*White Shadows*" of a motion picture about an HIV(+) African-American man in LA. The screening will be followed by a panel discussion.
- Jonathan Batiste also distributed flyers announcing the Audrey & Langston Salon's free performance of singer/songwriter Chase on 03/09/07.
- Chandra Sivakumar announced that Larkin Street Youth Services has commenced mobile rapid HIV testing, and asked members to forward ideas on appropriate locations.
- Frank Strona noted that April is National STD Awareness Month.
  - ⇨ The SFDPH STD Section can provide assistance to organizations' related programs and will be sponsoring its own events in the community.
- Dee Hampton noted that the Membership/Community Liaison Committee distributed a survey soliciting members' opinions on this year's training needs.
- Kevin Roe distributed copies of the "*2007 Participant Profiles,*" copies of which are available to absent members upon request.
  - ⇨ He noted that the on-line form will remain up for a while longer for members wishing to add or change their profile.
- Ju Lei Kelly noted that this was International Women's Day. She also announced that 3/10 would be the 2nd annual Women & Girls' HIV Awareness Day.
- William Bland made flyers available regarding Black Brothers Esteem's "*Black LGBT Spirituality Forum*" 03/10/07 at Glide Memorial Church.
- Tracey Packer noted that an announcement was distributed to all members before the meeting regarding the retirement of Jimmy Loyce, Jr., Deputy Director of Health, Director of AIDS Programs effective as of 05/01/07. She provided some background including the following.
  - ⇨ He has been very supportive of HIV prevention activities and will be missed.
  - ⇨ In the wake of his retirement some reorganization will take place, including integrating parts of the AIDS Office into other parts of the DPH.
  - ⇨ Some media reports have been inaccurate. She highlighted that The AIDS Office is not being disbanded.
  - ⇨ The SFDPH will continue to ensure the community gets needed services and that programs are part of a cycle of continuous improvement;
  - ⇨ Section Directors, including Tracey Packer, are being included in the discussions and planning of this reorganization.
  - ⇨ She will report back to the HPPC as this process progresses.

- Tracey Packer reminded members of the Sunshine Ordinance Task Force (SOTF) meeting 03/27/07 to review complaints against the Council regarding its photography procedure.
- She also thanked members who were at the previous SOTF meeting, and suggested that their support had a positive effect on the panel's findings.
  - ⇨ Frank Strona suggested the HPPC take good notes on its how it deals with the Sunshine Ordinance and ultimately write it up as it would be a good model for others.

1. **Review and Approval of Minutes from 2/08/2007**

Motion was made and seconded to approve the minutes from the meeting 02/08/07. The vote to approve the minutes was by roll call.

Member	Vote	Member	Vote
Randy Allgaier	Yes	Tom Kennedy	Yes
Shane Anglin	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	Derrick Mapp	Yes
Jonathan Batiste	Yes	John Newmeyer	Yes
Bernie Berger	Yes	Tei Okamoto	Yes
William Bland	n/p	Tracey Packer	Yes
Gayle Burns	Yes	Ken Pearce	Abstain
Edward Byrom	Yes	Perry Rhodes III	Yes
Chadwick Campbell	Abstain	Chandra Sivakumar	Yes
Michael Discepola	Yes	Gwen Smith	Yes
Thomas Ganger	Yes	Frank Strona	Yes
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes	Rakli Wilburn	Yes
Emalie Huriaux	Yes	Luke Woodward	Yes
Billie-Jean Kanios	Yes	Abbie Zimmerman	Yes

The minutes were approved.

2. **General Public Comment**

Tom Gray of the California STD Control Branch distributed the flyer entitled, "*Screen, Test, Diagnose & Prevent…*", copies of which are available to absent members upon request.

- This is part of the STD Screen Initiative.
- He showed a copy of the screening tool kit and highlighted the following.
  - ⇨ It is intended to aid physicians in offering STD screening, taking sexual risk history, and to show them how to do it in an effective manner.
  - ⇨ It is a result of consultation with physicians across the state.
  - ⇨ A copy is being left with the HPS for reference.
- The initiative has provider as well as client components; it assists the physicians to offer screening and understand what is being offered; and patients to understand to ask for STD screening.

Michael Petrelis addressed the Council with remarks that included the following.

- David Norris, the person who created the social marketing advertisement depicting an African-American man in a rifle's cross-hairs, had been murdered by gun shots.
- That Bob Hattoy passed away the previous weekend (03/03/07).

He then asked for a moment of silence to honor these two men.

- He raised the social marketing campaign headlined, "*Who Gives a F****"* and the campaign referring to syphilis as a "*Ticking Time-bomb"* including the following comments.
  - ⇨ He asked how can one question "*Who Gives a F****,"* when he thinks of the passing of his friends, including Bob Hattoy.
  - ⇨ That the HPPC has been provocative, offensive, and aggressive with such campaigns, particularly while people bury their friends.
- He asserted that the debate that he has been suggesting on social marketing hasn't happened, and is never going to happen because the point of the Council is the continuance of high salaries, including the salaries the Council's members.
- He reminded attendees of some of Bob Hattoy's accomplishments for people with AIDS.
- He concluded by questioning "Who gives a f***" about the passing of Bob LaToy and David Norris..

Jeff Klausner Director of the SFDPH STD Prevention and Control Section explained that he had recently been at the Conference on Retroviruses and Opportunistic Infections (CROI). Some of the HIV prevention highlights included the following:

- A Quebec study showed that about half of the new infections were among people who had recently seroconverted.
- Research coming from the SFDPH and UCSF shows that the elimination of the requirement for written consent has helped identify many new HIV(+) people.
  - ⇨ It also confirms the value of RNA testing in acute situations.
  - ⇨ There will be media coverage of this in the near future.
- There will be a report back from CROI, including information on new treatments and classes of drugs, at the UCSF Mission Bay conference center on 03/14/07
  - ⇨ Information on this meeting will be distributed to members through the HPS

David Pilpel addressed the HPPC, noting first that although he is a member of the SF SOTF his comments were as an individual and not representing that organization.

- After meeting several members of the HPPC at the recent SOTF meeting he wanted to see how the HPPC deals with a variety of viewpoints at its meetings.
- He noted that he too was personally saddened by Bob Hattoy's passing, who he knew from their work together at the Sierra Club and elsewhere.

3. <u>Members' Response to Public Comment</u>

Perry Rhodes III invited members' response to public comment, which included the following.

- Abbie Zimmerman noted that this was not the first time Michael Petrelis had brought some of his same concerns to the Council's attention, adding that she would support making it clear that action is being taken on these issues.
  - ⇨ Perry Rhodes III responded that the Steering Committee shares many of Michael Petrelis' concerns, that they had hoped to have a discussion at this meeting on social marketing, but it had to be delayed due to issues related to the availability of recommended panelists.

- ⇨ He highlighted however, that the planned presentation is of value to the work of the HPPC not just because of the insistence of a single community member.
- Perry Rhodes III highlighted that the Co-Chairs' concerns are for the safety of the members as well as the efficient operation of the Council itself.
- Dee Hampton expressed her disappointment that Michael Petrelis left before allowing members to respond to his comments.
  - ⇨ She added that she supports exploring the efficacy of social marketing, and determining if campaigns are offensive to those they attempt to address.
  - ⇨ She observed that her agency receives a great deal of printed social marketing, a good deal of which is wasted.
- Tracey Packer noted that the Steering Committee discussed social marketing and has been responsive to Michael Petrelis' comments.
  - ⇨ She added that the Council will continue to be responsive to issues raised.
- Isela Gonzalez questioned if there is a procedure established to acknowledge the passing of people who have been involved in HIV prevention.
  - ⇨ Perry Rhodes III explained that the Council is responsive to the passing of local people but that the Co-Chairs were unaware of Bob Hattoy's death.
- Eiko Sugano asked if the STD Initiative's tool kit would be distributed to larger healthcare organizations, such as Kaiser.
  - ⇨ Tom Gray explained that after the pilot program, the kit would be retooled and released to larger organizations along with training and some technical assistance.
- Shane Anglin also expressed regret that Michael Petrelis had left before hearing members' response to his comments.
  - ⇨ He would have liked to have asked Michael Petrelis if every advertisement was offensive, and if he would be willing to get involved and help review new social marketing campaigns.
- Billie-Jean Kanios said that the Council keeps hearing the same things from Michael Petrelis, and added that she would be interested in hearing what the community actually has to say.
  - ⇨ She suggested having a forum at the LGBT Center and solicit the community's opinion.
- Tracey Packer pointed out that the HPPC does not put ads together; rather the Council prioritizes funding and sets standards for interventions.
  - ⇨ Moreover, she explained that the SFDPH requires contracted programs to use focus groups, field testing, with the intended population and other evaluation tools before approving any advertisements.

4. HPPC Co-Chairs/Steering Committee Written Report

Perry Rhodes III directed members' attention to the document entitled, "*Co-Chairs Report March 8, 2007,*" copies of which had been distributed to all members in advance of the meeting.

- He asked volunteers for the "*Health Related Absence Policy Work Group*" to meet briefly at the Council's break to work out an initial meeting date and time.
  - ⇨ Members volunteering to participate were: Randy Allgaier, Shane Anglin, Ed Byrom, Michael Discepola, Thomas Ganger, Dee Hampton, Billie-Jean Kanios, and Ken Pearce -- with Perry Rhodes III representing the Co-Chairs.

- ⇨ HPS Staff support will be provided by Israel Nieves-Rivera and Michael Paquette.
- ⇨ The work group's first meeting will be Thursday, 4/05/07 9:30-11:00 AM at 25 Van Ness, Suite 330A.

5. Parking Lot

Perry Rhodes III explained that the Parking Lot was the opportunity for members to propose topics for the Council's discussion and/or review. The following suggestions were offered.

- Social Marketing – proposed by various members.
- HIV Vaccines – proposed by Tom Kennedy and Derrick Mapp
  - ⇨ Including an update on the SFDPH Research Section's recently completed study.
  - ⇨ To also include behavioral impact on the ongoing discussion about vaccines.
- Expanding the availability of HIV testing – proposed by Shane Anglin
  - ⇨ Noting that most funding is focused on the highest risk populations, and may be overlooking other groups.
  - ⇨ Perhaps to ensure that everyone who wants a test can get one.
- Update on woman and HIV – proposed by Isela Gonzalez.
- HIV prevention in the context of total well-being – proposed by Weihaur Lau and Derek Mapp
- Presentation on cross-race relations and agencies addressing those couples – proposed by Weihaur Lau
- Presentation on drop-in centers – proposed by Emalie Huriaux
  - ⇨ Including the importance of such for testing, seroadaptation, and social connections.
- Presentation addressing inter-generational relationships – proposed by Emalie Huriaux
- A report on the Black Brothers Esteem program – proposed by Tei Okamoto
- Presentation on Transgender guys who have sex with bio men – proposed by Tei Okamoto
- Discussion on the access to mental health services by HIV(-) at-risk men – proposed by Frank Strona
  - ⇨ Including recommendations to address any identified gaps in services.
- Report on substance abuse services in the Latino community – proposed by William Bland
- Report on access to services within the MSM youth communities – proposed by William Bland
- Discussion of disparities in health care and HIV services in SF among people of color – proposed by William Bland

Perry Rhodes pointed out that the Parking Lot will remain open and that discussion would continue at next month's Council meeting (04/12/07).

6. Introduction to Counseling and Testing Issues

Tracey Packer provided background and framed the discussion for the remainder of the meeting; her comments included the following.

- Counseling and Testing is a connection between prevention and care.
- Counseling and Testing is an important part of HIV prevention.
- The Steering Committee thought it was time for an update on this important issue with particular focus on two Issues:

- ⇨ Late testers needs assessment
  - This needs assessment was a result of the Council's exploration and discussion
  - It was agreed to understand late testing with emphasis on trying to identify some of the reasons people test late, and by so doing how to encourage people to test earlier
  - Harder & Co conducted the needs assessment
  - The POI Committee will make recommendations to the Council later this year based on these findings
- ⇨ The second presentation will provide an update to the HPPC on a study that SFDPH has begun. The Rapid Testing Algorithm (RTA) Study, being conducted in SF & LA funded by the CDC will validate rapid confirmation tests.

Both presentations are intended to help in making recommendations to improve Counseling, Testing, and Linkage.

7. **Needs Assessment**

Kym Dorman and Clare Nolan from Harder & Co conducted the presentation entitled, "*Late HIV Testing in SF,*" copies of which were distributed to all Council member in advance of the meeting. Their additional comments included the following.

Slide 3 – Why is late testing important?

- The presumption is that if people are aware of their serostatus they would be more likely to engage in safer behavior and get care.

Slide 6 – Data collection methods

- Most existing research has relied on surveillance data which was also included in this study.
- Participation was limited to individuals who tested positive for HIV in 2002 or later in order to minimize recall bias.
- The definition of late testers does not include those who progress quickly from seroconversion to AIDS diagnosis.
- Although a small sample, emphasis was placed on including a diverse group.

Slide 7 – Recruitment challenges

- To recruit participants, Harder & Co sent requests to agencies, city clinics, HPPC Committees as well as the CARE Council, the HIV/AIDS Providers Network and the Centers of Excellence Workgroup – and distributed flyers.
  - ⇨ Their best results came from a large distribution of lots of flyers.
- The challenge included that many people were not sure of their AIDS status.
- They were contacted by 213 people, resulting in 25 eligible participants.

Slide 10 – SF data on late testing

- The CDC estimates that 40% of HIV infections diagnosed in 2004 progressed to AIDS within 12 months after diagnosis of HIV infection (i.e., HIV late testing).
- In San Francisco, 38% of persons receiving and AIDS diagnosis between 2001 and 2006 tested late for HIV, according to DPH surveillance data. SF does not have seroconversion data; therefore, the 38% of people believed to be late testers are based on AIDS diagnoses.

- According to DPH surveillance data, late testing occurred among persons in the following categories:
  - ⇨ 72% of those who reported no risk tested late;
  - ⇨ 56% of those people under the age of 30 tested late;
  - ⇨ 45% of Latinos and 51% of Asian-Pacific Islanders tested late; and
  - ⇨ 55% of people born outside of the US tested late.

Slide 11 – Characteristics of participants

- The study utilized a purposive sampling approach for recruitment which resulted in participation by individuals with a broad range of backgrounds and personal characteristics. A majority of participants had experienced homelessness in the past; two had been sex workers; three had history of injection drug use; three emigrated from Mexico; and one-third of participants moved to San Francisco to seek out HIV health care services.
- The focus group participants were divided into two categories:
  - ⇨ Those with a low perceived risk of HIV; and
  - ⇨ Those with a high perceived risk of HIV.

Slide 17 – Testing Barriers

- Fear and denial were the most highly cited barriers.
- Stigma was cited highly among immigrants as a barrier to testing.
- Some participants also reported substance use as a barrier to testing. Those with a high perceived risk were most likely to report drug and alcohol issues prior to finding out they were HIV-positive.

Slide 21 – Linkages from testing into care

- Most participants have obtained health insurance since finding out their HIV-positive status.

Harder & Co is drafting its report which will go to the Steering Committee for final approval and vote. The Points of Integration Between Prevention and Care (POI) Committee will then review the final report and revisit the committee's recommendations for preventing late testing in SF which it drafted last year.

The attendees expressed their appreciation for the presentation with applause.

Questions and Comments

- Ken Pearce asked how rapid progressors were identified.
  - ⇨ Clare Nolan explained that there isn't a standard definition but SFDPH and this needs assessment refers to people who progress from seroconversion to AIDS in the period of a year.
  - ⇨ She noted that this definition is problematic as it may be impossible to know the actual date of seroconversion, as well as the date of AIDS diagnosis.
  - ⇨ The needs assessment tried to determine the approximate period between first HIV-positive test and AIDS progression based on participants' testing history and CD4 counts; the study used a CD4 count of 300 or below as a proxy indicator of an AIDS diagnosis.

- Ken then asked if there was an explanation for the high percentage of rapid progressors.
  - ⇨ Clare speculated that it was because a lot of the needs assessment candidates came from the Tenderloin neighborhood where factors such as limited access to medical care and substance use, may impact HIV's progression.
- Randy Allgaier noted that he was not surprised about the factors involved in rapid progression, and that they are issues that haven't been meaningfully addressed.
- In response to Michael Discepola's request Clare Nolan explained that more detail would be available in the written report, although confidentiality does not permit disclosure of information and access to interview transcripts that could be used to identify the individual participants.
- Michael Discepola commented that it would be useful to conduct research specifically on rapid progressors as those people tend to be underserved.
- In response to Michael Discepola's follow-up question Clare Nolan explained that the risks highlighted among those identifying as being at risk included substance use and sex work.
  - ⇨ She added that surveillance data would be a better source of information.
- Billie-Jean Kanios asked if information was collected about people who previously tested but didn't go back for results.
  - ⇨ Clare explained that there were at least two participants who had been tested previously but never went back for results, there were a number of participants who tested multiple times before and sometimes didn't go back for results, and there were those who never tested prior to getting a positive result.
    - People who tended not to get their results were largely those with substance use or other issues to which they assigned a higher priority.
    - Most of those that hadn't tested before didn't see themselves as being at risk.
- Billie-Jean Kanios then asked the use of CD4 count of 300 as the approximate determinant of an AIDS diagnosis.
  - ⇨ Claire Nolan explained that a CD4 count of 300 or lower was chosen, despite the CDC criteria of 200, because doctors often prescribe HIV medication prior to allowing a patient's count to fall below 200.
- Derrick Mapp asked about the number of people who moved into the Bay Area, and if they were aware of their status prior to moving.
  - ⇨ Clare Nolan said that most came after finding out they were HIV-positive, a lot of them were gay identified and see SF as being supportive with available services.
- Derrick Mapp remarked that this impacts local programs' ability to attract funding.
- Chandra Shivakumar asked why, if a high percentage of late testers are between 18-29 years of age, there was only one that participated in the study.
  - ⇨ Clare Nolan explained that this was a result of recruitment difficulties.
  - ⇨ She added that this was one of the most challenging projects Harder & Co has worked on as regards to recruitment.
  - ⇨ She noted gaps in other groups' representation for the same reason.
- Tracey Packer noted the needs assessment raises a lot of questions. She then noted Sandy Schwarz has applied for funding with which to conduct a more comprehensive study.
  - ⇨ She highlighted that data from this needs assessment was included in the application..

- ⇨ Clare Nolan added that Sandy Schwarz had been very supportive of the HPPC needs assessment.

The attendees expressed appreciation for the presentation with applause.

9 New Method for Diagnosing HIV

Perry Rhodes III introduced Teri Dowling, Shelley Facente, and Thomas Knoble to conduct the presentation entitled, "*New Method for Diagnosing HIV Rapid Testing Algorithm (RTA) Study,*" copies of which had been distributed to all members in advance of the meeting. The document entitled, "*HPS's Counseling, Testing and Linkage Unit,*" was also distributed, copies of which are available to absent members upon request. Additional comments included the following.

Teri Dowling explained the RTA pilot is being run in SF and LA and will last for two years.

Slide 2 - History of SF CTL (Counseling, Testing and Linkage)

- Currently if there is a reaction to the rapid test (positive), it requires confirmation by way of blood being drawn and lab-tested; and people have to wait a week for results.
  - ⇨ In response to a question Thomas Knoble explained that and it would probably take two years after the Study's completion before RTA could be implemented nationally.
  - ⇨ Ken Pearce noted previous concerns about false positive results from rapid tests and asked what is the current percentage of false positive results.
    - Shelley Facente noted that she had addressed the Council on this issue when SF was seeing about 30 false positives per month, but that there were only 18 last year.

Slide 4 - Background for Study

- It is unknown why people don't come back for a confirmation, perhaps they go to their personal physicians, or elsewhere, for confirmation.

Slides 5 & 6 - Intervention & Test #2

- Using blood with the rapid test provides a slightly more reliable result than with oral fluid.
- Using a test from a second manufacturer further lowers the chance of a false result.
- When the first and second test results are divergent, a third test is run as a '*tie breaker.*'
  - ⇨ Derrick Mapp asked if a test would be performed by a lab.
    - Thomas Knoble explained that the blood would be drawn and sent immediately to a lab by an existing courier network.
- The current standard of care in the US requires drawing blood and lab-testing it for confirmation of a rapid test.
- The RTA Study will have results in an hour using rapid testing technology:
  - ⇨ The first test is oral - if reactive then;
  - ⇨ The second uses blood with a rapid test kit from a second manufacturer;
  - ⇨ If a third test is called for it is done with blood that has already been drawn; and
  - ⇨ Blood will be drawn and sent to a lab for back-up confirmation

  (Reference Slides 11, 12, & 13)
- The significant difference between the current procedure and the RTA Study is that in the latter the client is given a confirmation within the hour and immediately referred to care.
  - ⇨ In the former the client is asked to return in a week for confirmation and referral.

Slide 9 – Intervention Control

- The intervention sites are those that will use the new protocol (RTA), and control will continue doing what is being done now.
- Agencies were put in one or the other category so that there would be a balance in the numbers of tests and in the demographics of those tested.

Slide 10 – Study Objectives

- Another result of the study might be the impact on people's behavior since they will quickly know their serostatus.
  - ⇨ Abbie Zimmerman asked if there is anything known about the impact of the waiting period on behavior.
    - Shelley Facente added that information will be gathered on this and related subjects, but are not the focus of the study.
  - ⇨ Ken Pearce asked if this RTA is found to be successful will the wider rollout of this procedure move forward.
    - Thomas Knoble explained that this study is not really looking at the science of the technology, but rather the feasibility of the procedure.
    - He added that the procedure is complex and there are many challenging environments; that even if it works it would take time to widely implement it.
    - Shelley Facente pointed out that the standards for HIV rapid tests are set by the CDC and the Association of Public Health Laboratories and that they assert that there isn't enough data to change the protocol, thus the RTA Study.
  - ⇨ Ken Pearce asked since 40% of those tested don't come back for confirmation, why not refer everyone with 'Preliminary Positive' results immediately to care services?
    - Shelley Facente explained that there is currently a State and federal requirement for confirmation.
  - ⇨ Abbie Zimmerman asserted that since the percentage of accurate results is so high (99.8%), and so many of those being tested are engaged in high risk behavior, shouldn't referral be made quickly – upon preliminary positive result.

Slides 14 & 15 – Follow up Process & Concerns RTA

- Currently there is a lag between positive test results and getting that person into care.
  - ⇨ Eiko Sugano suggested that this is due to stigma and fear of being "outed."
  - ⇨ Derrick Mapp added that there is a long standing rift between available services for HIV(-) and (+) people.
  - ⇨ He added that this is artificial and there is a real need for services to high-risk HIV(-).
- The RTA Study is trying to change that culture and will be looking for a smooth standard of care from positive test to being in service.
- As this is a real opportunity for care and prevention to work together the study is working with the HPPC's POI Committee

Questions and Comments

- Frank Strona asked when HIV(-) clients would be encouraged to retest.
  - ⇨ Shelley Facente explained that shortly after exposure people have a "*Window Period,*" in which the test results look negative.

- In response to a question Teri Dowling explained that HIV-2 is rarely seen in the US and it is seen almost exclusively in West Africa.
- Chandra Shivakumar noted that Larkin Street Youth Services currently links clients to supportive services, within the hour, if they test positive to oral and finger-stick rapid tests. (*Clarified after the meeting: supportive services include services like housing, not medical services.)*
- Billie-Jean Kanios suggested that the HPPC push for RNA as a standard as there isn't a "*Window Period*" between exposure and positive test results.
  - ⇨ Teri Dowling noted that a number of sites are already doing RNA testing and it is being explored; however, there are lots of questions and difficulties to implementing such.
  - ⇨ She suggested the HPPC have a discussion in the future about RNA testing.
- Teri Dowling explained that the new system of linkage is for both Intervention and Control sites and includes following up with people, as well as informing DPH within 48 hours.
- Frank Strona asked if the study creates a triage component so as to get clients in front of a doctor quickly.
  - ⇨ Teri Dowling indicated that the Study is collection information on how to implement that part of the algorithm so that immediate referral can be done.
  - ⇨ Shelley Facente noted that the Study has established minimum standard of care for all testing agencies.

The attendees expressed appreciation for the presentation with applause.

Summary, Evaluation, and Closure of Meeting

Perry Rhodes III recommended that questions not answered can be addressed on the 3x5 cards distributed, or be included in members' evaluation form comments. He thanked attendees for their participation.

The meeting adjourned at 5:57 PM.
Minutes prepared by David Weinman.
Minutes reviewed by Eileen Loughran and Tracey Packer.

The next HPPC business meeting will be Thursday, April 12, 2007
at the Quaker Meeting House – 65 Ninth Avenue, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, April 12, 2007
3:00-6:00 pm

Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

11:05 a.m. msf

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Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, Announcements, Agenda Changes**	**Gayle Burns**
3:10 pm	**1. Review and Approval of Minutes from 3/8/2007** (Action Item/ Vote) Objective: To discuss and approve the minutes from the most recent council meeting.	**Gayle Burns**
3:15 pm	**2. General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**Gayle Burns**
3:25 pm	**3. Member Response to Public Comment** Objective: To allow Council members to briefly respond to comments made by community members	**Gayle Burns**
3:30 pm	**4. HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. The co-chairs will draw two names of Council members to attend HPLS in New Orleans	**Gayle Burns**
3:40 pm	**5. Parking Lot for Future Agendas** Objective: To allow Council members to add items for future meetings or discussion.	**Co-chairs**
3:50 pm	**6. HIV in San Francisco** Objective: To insure HPPC members are updated on how the HIV epidemic looks in San Francisco	**Dara Coan, Isela Gonzalez, Perry Rhodes III, Israel Nieves-Rivera**
3:50-4:10	**Part # 1: Epidemiology 101** *(Information Item)* Objective: To provide an overview of terms frequently used in HIV/AIDS data.	
4:10-4:30	**Part # 2: Group exercise** *(Discussion Item)* Objective: To give Council members an opportunity to use the information presented in the Epidemiology 101 presentation and debrief.	
4:30-4:45	**Part # 3: History & Context** *(Information/Discussion Item)* **Objective:** To provide background information on the development of the Epi Chapter and its purpose.	
4:45 pm	**Break**	**All**
5:00 pm	**6. HIV in San Francisco (cont.)** **Part # 4: Presentation of the Epi Chapter** *(Information Item)* Objective: To provide Council an overview of the epi chapter update	**Harder & Co**
5:40 pm	**7. HIV in San Francisco: Action Item** **Part # 5: Vote on the Epi Chapter Update** (*Action Item/vote*) Objective: To vote to approve the Epidemiology chapter as an update to the 2004 HIV Prevention Plan.	**Gayle Burns**

5:50 pm	**8. Summary, Evaluation, and Closure of Meeting**	**Gayle Burns**
6:00 pm	**9. Adjournment**	

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments. Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

UPCOMING HPPC MEETINGS:

Membership/Community Liaison Committee: April 9 & May 14, 2:00-4:00 PM, 25 Van Ness
Points of Integration Between Prevention & CARE: April 2 & May 7, 3:00-5:00 PM, 25 Van Ness
Pre-HIV Prevention Plan Committee: April 5 & May 3, 2:30-4:30 pm, 25 Van Ness Ave
Steering: April 26 & May 24, 3:00-5:00 PM, 25 Van Ness Ave
Substance Use Issues & Structural Solutions: April 5 & May 3, 3:30-5:00 PM, 25 Van Ness
Full Council: Thursday, May 10, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Frank Darby, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: sotf@sfgov.org..

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL
Minutes
April 12, 2007

The next HPPC business meeting will be held on Thursday, **May 10, 2007**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St, San Francisco

HPPC Members Present:
Shane Anglin
Michelle Bakken
Jonathan Batiste
Bernie Berger
William Bland
Edward Byrom
Gayle Burns
Chadwick Campbell
David Diaz
Michael Discepola
Thomas Ganger
Isela Gonzalez
Dee Hampton
Emalie Huriaux
Weihaur Lau
Derrick Mapp
Tei Okamoto
Colin Partridge, Emeritus
Ken Pearce
Perry Rhodes III
Jenny Lynn Sarmiento
Gwen Smith
Eiko Sugano
Rakli Wilburn
Luke Woodward
Abbie Zimmerman

Members Absent:
Randy Allgaier
Tom Kennedy
John Newmeyer*
Tracey Packer*
Gail Sanabria*
Chandra Sivakumar*
Frank Strona*
Janay Washington, Emeritus
* These members informed the Chair in advance of their absences.

HIV Prevention Section:
Dara Coan
Vincent Fuqua
Betty Chan Lew
Guillermo Gonzalez
Eileen Loughran
Ju Lei Kelly
Israel Nieves-Rivera**
Michael Paquette
Jenna Rapues
** Representing the SFDPH as Co-Chair

Guests:
Mathew S. Bajko, Bay Area Reporter
Mathew Florence, Research Section, SFDPH
Carolyn Hunt, CAPS
Dave Kern, National Association of State and Territorial AIDS Directors
Scott Martin
Michael Petrelis
David Pilpel, Sunshine Ordinance Task Force
Joe Ramirez, Positive Resource Center
Marion Weidner

Harder + Co.:
Aimee Crisostomo
Mara Decker
Clare Nolan
Willow Schrager
David Weinman (Note-taker)

Process Evaluation Team:
Kathleen Roe

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Welcome, Introductions, and Announcements

Co-Chair Gayle Burns called the meeting to order at 3:05 PM. She explained that Co-Chairs rotate facilitation roles. She noted that Billie-Jean Kanios has resigned her membership in the Council and that her contribution will be missed. She then explained that midyear recruitment has been opened to fill recently vacated seats on the Council. She requested members' help with recruitment.

Gayle Burns then pointed out that the HPPC's meetings are public and in compliance with the Sunshine Ordinance, photography is permitted and members may be photographed. She reminded attendees of the Council's posted principles of respectful engagement, including the importance of sharing time available for comments and questions.

She then asked attendees to introduce themselves and make appropriate announcements.

- Emalie Huriaux announced that the SF and LA chapters of the Harm Reduction Coalition are sponsoring state legislation removing liability regarding provision of service to opiate addicted people. As this bill moves through the process they may come to the HPPC for a letter of support.
- Weihaur Lau announced that he has a new position with the Asian-American Recovery Services working with youth and family services.
- Isela Gonzales distributed an abstract from the Research on Inequality, Sexuality, and Education (RISE) Project entitled, "*Jailed Women & HIV Education: A collaborative Investigation,*" copies of which are available to absent members upon request.
- Jonathan Batiste distributed a flyer announcing the book reading and signing on 4/13/07 sponsored by the Audrey & Langston Salon.

1. Review and Approval of Minutes from 3/8/2007

Motion was made and seconded to approve the minutes from the meeting 3/08/07. The vote was by roll call.

Member	Vote	Member	Vote
Shane Anglin	Yes	Emalie Huriaux	Yes
Michelle Bakken	Yes	Weihaur Lau	Yes
Jonathan Batiste	Yes	Derrick Mapp	Yes
Bernie Berger	Yes	Tei Okamoto	Yes
William Bland	Yes	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	Yes	Jenny Lynn Sarmiento	Abstain
Chadwick Campbell	Yes	Gwen Smith	Yes
David Diaz	Yes	Eiko Sugano	Yes
Michael Discepola	Yes	Rakli Wilburn	Yes
Thomas Ganger	Yes	Luke Woodward	Yes
Isela Gonzalez	Yes	Abbie Zimmerman	Yes
Dee Hampton	Yes		

The minutes were approved with 25 Yes votes and one abstention.

2. General Public Comment

- Caroline Hunt from the Center for AIDS Prevention Studies (CAPS), distributed copies of their new newsletter. She also announced the launch of the HIV prevention website (www.californiamen.net).
  - ⇨ She also reminded members of resources available to programs from CAPS.
- Michael Petrelis addressed the Council with remarks that included the following:
  - ⇨ The racist, sexist, and bigoted statements made by Don Imas on TV ultimately got him fired, but that no one stood up to him for many years.
  - ⇨ He compared Les Pappas to Don Imas, citing the "*Don't Be a Bitch*" web campaign which used a photo of a young black woman and in which the term, "*Bitch*" is used three times.
    - He added that this was paid for by the SFDPH.

- He said he found this as offensive as Don Imas' comment, which he quoted.

⇨ He then said that the Council has promised a "*Debate*" on social marketing, but that it hasn't happened yet, and questioned if it ever would.

⇨ He also quoted two other advertisements: "*Who Gives a F***,*" and "Syphilis as a ticking time-bomb."

⇨ He concluded by saying that there needs to be a formalized "debate" on social marketing.

3. Members' Response to Public Comment

Gayle Burns asked members of the public making comments to remain in attendance so they could be aware of and respond to members' comments and questions.

- Shane Anglin noted that he worked on the "*Homoboy*" campaign highlighting that people in the community that it was meant to address expressed how much they liked it.
  ⇨ Although he asked what Michael Petrelis found offensive about this campaign, Michael Petrelis left while the question was being posed.
- Jonathan Batiste said that he found repeating Don Imas' comment unnecessary and offensive.
- Luke Woodward asked about CAPS work regarding the transgender population.
  ⇨ Caroline Hunt explained that CAPS has been funded to provide technical assistance and capacity building to programs providing services to both MTF and FTM.
- In response to Luke Woodward's follow up question, Caroline Hunt explained that provision of technical assistance is in addition to their Transition project.
- William Bland pointed out that that CAPS has a public advisory board which provides an opportunity for community members to be involved.

Public Comment Process

Gayle Burns said that based on comments on members' Process Evaluation forms the Co-Chairs have become aware that some members feel insulted by the some of the comments made by some members of the public, as well as the way they have been expressed. She explained that although she could not apologize for others, it is her opinion that Council members do a great job responding to hostile public comment, and that they are to be commended.

- Ed Byrom questioned if comments that are not relevant to the agenda are protected by the SF Sunshine Ordinance.
- He asked to be on record as suggesting that the HPPC move aggressively to remove Michael Petrelis from its meetings as his comments have not been conducive to reasonable discussion.
  ⇨ He added that Michael Petrelis is angry, hostile, and only tries to provoke members.
- Israel Nieves-Rivera said that Council meetings are open to the public and are intended to provide an opportunity for community members to share their viewpoint.
  ⇨ He added that members should strive not to allow the energy of those comments to distract them from getting on with business.
  ⇨ He pointed out that a plan is being finalized for a panel discussion of social marketing, and that HPS will inform the council once the date has been identified.

- Jonathan Batiste asked if there are limits to what can be said, and how it can be said.
  - ⇨ Gayle Burns reiterated that the HPPC is a public meeting and suggested that the place to raise these issues is with the Sunshine Ordinance Task Force.
  - ⇨ She added that this is why members are encouraged to attend the Sunshine hearings.
- Emalie Huriaux observed that the Chair of the Public Health Commission actually stopped someone during Public Comment because the comment was not part of the agenda.
  - ⇨ She questioned if the HPPC could adopt a similar procedure.
  - ⇨ Israel Nieves-Rivera indicated that the HPS would look into this possibility.
- Michael Discepola suggested that the HPPC has a responsibility to hear community members' perspective and that he is not comfortable deciding what is, or isn't, useful or germane.
  - ⇨ He added that he was on the Council several years ago when there were threats of violence, and if that were to happen again he would support ejecting those causing disturbance.
- Dee Hampton noted that this body is not the only one which has had ugly incidents, but that this is a public meeting and that members need to rise above it.
  - ⇨ She added that the most wasteful part of the process is the time members spend discussing how to deal with upsetting comments, and behavior.

4. HPPC Co-Chairs/Steering Committee Written Report

Gayle Burns directed members' attention to the document entitled, "*Co-Chairs Report March 8, 2007,*" copies of which had been distributed to all members in advance of the meeting. She invited members to ask questions or make comments. Discussion ensued including the following.

Health Related Absence Policy Work Group

- Israel Nieves-Rivera noted that a majority of those who signed up for this Work Group need to be in attendance for quorum and to get its work done.
  - ⇨ He reminded members of the group's three-month term.
- Michael Discepola added that because there wasn't quorum at its last meeting the issues discussed – which are important to the business of the Council – could not be voted on.
- Israel Nieves-Rivera pointed out the irony involved in the group's lack of quorum, because quorum issues were what motivated the Council to revise the attendance policy.

HPPC Members Attendance at the HIV Prevention Leadership Seminar (HPLS)

Betty Chan Lew explained that 14 members had submitted their names to represent the HPPC at the HPLS in New Orleans. She conducted the drawing of two representatives and two alternates with the following results:

Representatives	Alternates
Shane Anglin	Randy Allgaier
Tom Kennedy	William Bland

Results of the drawing were met with applause.

- Israel Nieves-Rivera asked the chosen representatives and alternates to let the HPS staff know as quickly as possible if they are able to attend so reservations can be made.

- Gayle Burns noted that the host committee is considering renting a bus/van to tour the remaining damage in New Orleans, and inviting people to volunteer to help in reconstruction.

5. Parking Lot for Future Agendas

Gayle Burns explained that the Parking Lot is the opportunity for Council members to propose topics for discussion at future HPPC meetings. She added that this is the last meeting to add items to this year's Parking Lot and asked for suggestions from the members. The Parking Lot will be presented to the April Steering, and then voted on at the May HPPC meeting.

Rapid Testing Protocol/Linkage to Care

- Ken Pearce suggested looking at current Rapid Testing procedures, as discussed at the 3/8/07 HPPC meeting.
  - ⇨ In specific he highlighted that it was reported that 40% of those who test preliminary positive do not come back for confirmation, although the test is 99%+ accurate, and indicates that SF is missing the opportunity to link HIV positive people with services.

Epidemiology Data by Race, Ethnicity, and Age

- Weihaur Lau suggested exploring collecting Epi data based on race, ethnicity, and race.
  - ⇨ He added that there should be, at least, exploration of the barriers to collecting such data.

Linkage of HIV and Hepatitis C (HCV) Testing

- Emalie Huriaux suggested discussing linkage between HIV and Hepatitis C (HCV) testing.
  - ⇨ She added that exploring linking both tests with late night Needle Exchange outreach.

State of Outreach in SF

- Gayle Burns suggested getting an update on what is happening regarding outreach in SF, particularly as it was raised by community members last year.

Gayle Burns explained that the Steering Committee will review the suggested topics for the Parking Lot and submit a list for the Council's review and vote at the 5/10/07 Council meeting.

6. HIV in San Francisco

Gayle Burns introduced Dara Coan, Isela Gonzales, Perry Rhodes III, and Israel Nieves-Rivera to conduct this portion of the agenda.

Part #1: Epidemiology 101

The document entitled, "*Introduction: Epidemiology of HIV in San Francisco... April12, 2007*" had been distributed to all members in advance of the meeting; additional copies were available to all attendees. Some additional comments included the following.

- Slide 4 – Willi McFarland's responses to members' questions and comments are included in the information presented and the Epi Chapter.
- Slide 15 – HIV Prevalence among the MTF Transgender population is about 22%.
- Slide 17 – MSM incidence may be Endemic

- Slide 18 – An example of how poverty may be an Indicator of increased HIV risk was cited: outreach worker noticed that as a result of an early freeze some male migrant farm workers had resorted to doing sex work.

Questions and Comments

- William Bland noted that overall HIV Incidence among MSM in SF seems to be Endemic; however, there are pockets of the MSM population in which remains Epidemic.
  - ⇨ In response Dara Coan noted that Willi McFarland continues to refer to the overall population as Epidemic, although a case could be made for either description.
- William Bland then commented that AIDS Incidence among MSM in SF seems even more clearly Endemic than Epidemic.

Part #2: Group Exercise

The document entitled, "*Group Exercise Epidemiology 101,*" was distributed; copies of which are available to absent members upon request. Members were instructed to work on the exercises with the people next to them, then they will be reviewed by the whole group.

Questions and Comments

- Weihaur Lau noted that the deaths in Exercise 2 may or may not be related to HIV/AIDS.
- In response to a question from Gayle Burns, it was explained that the data in the exercises is all real and taken from the Epi Chapter.
- Ken Pearce questioned why AIDS Prevalence increases, although Incidence and Deaths seem to be equal (Figure 1.1).
  - ⇨ Dara Coan explained that this is partly a result of the scale of the chart.
  - ⇨ It was also explained that that Prevalence is a cumulative number.
  - ⇨ Dara Coan also said that she would check into the accuracy of the chart.
- Rakli Wilburn observed that people with AIDS migrating to SF would also increase the Prevalence number.
  - ⇨ Dara Coan explained that the chart comes from surveillance data.
- Dara Coan highlighted that Figure 1.1 shows number of cases, not rates.

Part #3: History & Context

- Slide 22 – It was emphasized that the vote on the Epi Chapter was to approve the presentation of the information, that the data is a result of the 2005-6 consensus process.
- Slide 24 – The new Prevention Plan will be written in 2008 and published in 2009.
- Slide 26 – Attempting to break the data down from BRPs into ethnic, race, and age groups resulted in groups that were too small to be reliable.
  - ⇨ This is particularly true when attempts were made to put data together from across BRPs; some groups seem plausible but others do not.
  - ⇨ This resulted in data that Willi McFarland and Dara Coan did not have confidence in.

Questions and Comments

- Derrick Mapp suggested that if only BRP data is looked at, then some critical pockets of Incidence among specific ethnic, race, and age groups would be missed.

- He cited Incidence among the Asian Pacific Islander and African American women as examples of groups that could have been missed if only BRP data was used.

⇨ He expressed his support for limiting what is included in the Epi Chapter to data in which there is a high degree of confidence.

⇨ He added, however, that ethnicity, race and age data needs to be available for the Council's future discussions regarding priority setting.

⇨ Dara Coan noted that this will be explored by the Show Me the Data Committee.

- Colin Partridge asked about the timescale used when trying to ascertain data by ethnicity, race and age.
  - ⇨ Dara Coan explained that data was reviewed for the 2001-05 period in an attempt to make an estimate for 2006.
  - ⇨ She also explained that some trends could be determined from the data collected, such as the increase among Asian Pacific Islanders, but a comprehensive view wasn't feasible.
- Israel Nieves-Rivera pointed out that a part of the difficulty is that there is insufficient data about the overall population size of several groups.
  - ⇨ Dara Coan added that Prevalence and Incidence relies on total population size data.
- Ken Pearce asked what can be learned from the earlier over-estimation of projected Incidence numbers among the Transgender population.
  - ⇨ Dara Coan responded that the estimated HIV Incidence percentage *rate* was fairly accurate, however, the total size of the population was not well understood resulting in the overestimation of the Incidence *number*.
  - ⇨ The lesson in this, she continued, is the importance of understanding the size of each group's total population.
- Israel Nieves-Rivera pointed out that Willi McFarland presented the data to the HPPC a number of times, each time refining the data based on questions and comments; as a result he has more data now than in 2001 and can make better estimates.
  - ⇨ In all, he noted, SF may have the best Epi data in the US, perhaps in the world.

Part #4: Presentation of the Epi Chapter

Copies of document entitled, "*HIV In San Francisco: Estimated Size of Populations…*" (Epi Chapter Update) as well as the presentation entitled, "*HIV in San Francisco 2005 Consensus Estimates,*" had been distributed to members in advance of the meeting. Additional copies of both were made available for attendees. Clare Nolan of Harder & Co conducted the presentation. Clare pointed out some specific details on the following slides:

- Slide 5 – This chart shows percentages of each BRP but that the populations are of significantly different sizes.
- Slide 9 –HIV Prevalence and Incidence case *numbers* grew among the SF MSM Non-IDU population, however, the percentage *rate* of both decreased as a result of growth in the total population of this BRP.
- Slide 10 – HIV Prevalence percentage rate among MSM-IDU is second highest in SF, although declining.
- Slide 11 - The decrease in MTF population size is a result of it being overestimated in 2001.
- Slide 12 – The decrease in non-MSM-IDU is a result of a decrease in the use of heroin.

- Slide 14 - This population has decreased as a result of overestimation in 2001.
  - ⇨ Although the Prevalence and Incidence percentage rates are decreasing, they remain the highest among any BPR in SF.
- Slide 15 - Those at risk among Female non-IDU include those who have male sexual partners who have sex with men, or who have sex with men that inject drugs.
- Slide 20 - Had 2001 rates continued, SF would have 1,300 not 900 new cases in 2006.

Discussion, comments, and question ensued, including the following (by topic)

Means of Transmission: MSM-IDU / Impact of Substance Use

- Michael Discepola suggested the HPPC, and Willi McFarland get a handle on a long-discussed issue of the means of HIV transmission among MSM-IDU; how much is attributable to the use of needles, and how much is a result of sexual behavior while using substances?
  - ⇨ He questioned if the BRP might be changed to MSM-Substance Use.
  - ⇨ Clare Nolan responded by suggesting that the needs are probably not the major source of transmission in this BRP.
    - She added that she believes Willi McFarland is already working on this question.
- Michael Discepola highlighted that the source of the risk needs to be clarified.
- Israel Nieves-Rivera pointed out that this BRP is comprised of people who identify as both MSM and IDU and cautioned against reviewing Epi data only as it relates to interventions.
- Clare Nolan suggested this could be referred to the Show Me the Data Committee.
- Isela Gonzales said that the committee is already talking about this issue.
- Michael Discepola suggested that the risk behavior relating to substance use in MSM and MSM-IDU should be identified.
  - ⇨ Dara Coan expressed agreement on the importance that substance use plays in sexual risk behavior, and questioned if discussion of this should be in the Epi Chapter or if it would be sufficient to highlight this in the upcoming Plan document.
  - ⇨ Israel Nieves-Rivera pointed out that the proposed Epi Chapter is an update to the2004 Plan, and is intended as a snapshot of current data.

MSM: Epidemic or Endemic?

- William Bland questioned if MSM is still Epidemic, or if it should be reclassified as Endemic, as the HIV Incidence percentage rate is decreasing.
  - ⇨ Clare Nolan reiterated that while it may be arguable the 2006 numbers in the Epi Chapter are estimates and so it may be premature to change the classification.
- Israel Nieves-Rivera noted that Willi McFarland referred to the '89-95 period as a "Plateau," and asked if SF is at another "Plateau?"
- Dara Coan noted Willi McFarland's conclusion is that Incidence among MSM is Epidemic.
  - ⇨ Clare Nolan added that the Epi Chapter reflects Willi MdFarland's judgment, including referring to the MSM BRPs as Epidemic.
  - ⇨ She also noted this point was specifically addressed with him.
- Perry Rhodes III questioned changing the term to Endemic based on such a short time period.
  - ⇨ He also suggested looking at a definition of the terms relative to time.

- Derrick Mapp said that he believes there is a term for the interim period between Epidemic and Endemic.
  - ⇨ Both Dara Coan and Clare Nolan indicated that they were unaware of such a term.
- Dara Coan suggested that the conclusion in the Epi Chapter provide some explanation, i.e., that among MSM Incidence has been Epidemic and may be changing to Endemic.

Other

- Ken Pearce questioned the Epi Chapter explains that HIV Incidence among at-risk Female non-IDU is increasing while it is flat when one looks at the whole Female population?
  - ⇨ Clare Nolan explained that this is identified in the footnotes.
  - ⇨ Ken Pearce noted that it is clearer in the presentation than the Epi Chapter.
- William Bland expressed concern that issues raised that are to be addressed later in the Plan writing process could be forgotten or overlooked.
  - ⇨ He suggested publishing a timeline of the various part of the Plan.
  - ⇨ Israel Nieves-Rivera explained that there have been, and will continue to be, updates to parts of the Plan that will be included in the 2009 Plan.
  - ⇨ He added that the proposed update to the Epi Chapter does not, and can not, change the BRPs and allocations established in the 2004 Plan.
- William Bland also questioned referring items discussed to the Show Me the Data Committee, as it has already decided and agreed upon its scope of work for the year.
- In response to Colin Partridge's question, Clare Nolan explained that the data are estimates for 2006, and is more clearly labeled in the Epi Chapter than the presentation.
- Derrick Mapp observed that among MSM HIV Incidence numbers remained stable although population increased and asked if there is confidence about the percentage rates.
  - ⇨ Clare Nolan responded that there is confidence in the growth of the total population, as well as that there has been a slight decrease in the number of new infections.
  - ⇨ Dara Coan added that the HIV Incidence rate went from 2.2% in 2001 to 1.75% in 2006.
- In response to Emalie Huriaux's point of clarification, it was noted that Epi data isn't actually voted on by the HPPC and that approval was being sought on the way the Epi data is presented and explained in the chapter.
  - ⇨ It was also explained that the Council may amend the Epi Chapter and/or delay its vote if there is discomfort with it.
- Perry Rhodes III summarized that the two big concerns being expressed as:
  1) Redefining the MSM BRPs to incorporate substance use; and
  2) Determination of whether MSM is Epidemic or Endemic.
  - ⇨ He added that these could be referred to the Show Me the Data committee.

The Question was called (Close debate). The vote to stop discussion was by role call.

Member	Vote	Member	Vote
Shane Anglin	Yes	Emalie Huriaux	Yes
Michelle Bakken	Yes	Weihaur Lau	Yes
Jonathan Batiste	Not present	Derrick Mapp	Yes
Bernie Berger	Yes	Tei Okamoto	Yes
William Bland	No	Ken Pearce	Yes

Member	Vote	Member	Vote
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	Yes	Jenny Lynn Sarmiento	Yes
Chadwick Campbell	Yes	Gwen Smith	Yes
David Diaz	Yes	Eiko Sugano	Yes
Michael Discepola	Yes	Rakli Wilburn	Yes
Thomas Ganger	Yes	Luke Woodward	Yes
Isela Gonzalez	Yes	Abbie Zimmerman	Yes
Dee Hampton	Not present		

The call was approved and discussion was closed.

Part #5: Vote on the Epi Chapter Update

The motion was read: "The Steering Committee moves that the HPPC approve the document, "HIV in San Francisco: Estimated Size of Populations at Risk, HIV Prevalence and HIV Incidence for 2006" as an update to the 2004 Prevention Plan."

- ⇨ A point of information was raised regarding if the motion included the points summarized by Perry Rhodes. It was clarified that since the points were not offered as an amendment and approved by the Council before the Question was called, the vote being conducted is on the original motion.

The vote was by role call.

Member	Vote	Member	Vote
Shane Anglin	Abstain	Emalie Huriaux	Yes
Michelle Bakken	No	Weihaur Lau	Yes
Jonathan Batiste	Not present	Derrick Mapp	Yes
Bernie Berger	No	Tei Okamoto	No
William Bland	No	Ken Pearce	Abstain
Gayle Burns	No	Perry Rhodes III	Yes
Edward Byrom	No	Jenny Lynn Sarmiento	No
Chadwick Campbell	No	Gwen Smith	No
David Diaz	No	Eiko Sugano	No
Michael Discepola	No	Rakli Wilburn	No
Thomas Ganger	No	Luke Woodward	No
Isela Gonzalez	No	Abbie Zimmerman	Yes
Dee Hampton	Not present		

The motion was defeated.

Motion was made and seconded as follows: The Steering Committee moves that the HPPC approve the document, "HIV in San Francisco: Estimated Size of Populations at Risk, HIV Prevalence and HIV Incidence for 2006 as an update to the 2004 Prevention Plan," with these issues referred to the Show Me the Data Committee:

1) Redefining the MSM and MSM-IDU BRPs to incorporate substance use; and
2) Determination of whether MSM is Epidemic or Endemic.

Discussion followed.

- William Bland asked if the HPPC can add something to a committee's scope of work, or if additions to the scope of work required the committee's approval.
  - ⇨ Israel Nieves-Rivera explained if approved the items being voted on would become part of the committee's scope of work.

The question was called and seconded. The vote to close discussion was by roll call.

Member	Vote	Member	Vote
Shane Anglin	Abstain	Emalie Huriaux	Na
Michelle Bakken	Yes	Weihaur Lau	Yes
Janathan Batiste	Not present	Derrick Mapp	No
Bernie Berger	Yes	Tei Okamata	Na
William Bland	No	Ken Pearce	No
Gayle Burns	Yes	Perry Rhades III	Yes
Edward Byram	Yes	Jenny Lynn Sarmienta	Yes
Chadwick Campbell	Yes	Gwen Smith	Na
David Diaz	Na	Eika Sugana	Abstain
Michael Discepala	Yes	Rakli Wilburn	No
Thamas Ganger	Yes	Luke Waodward	Yes
Isela Gonzalez	Yes	Abbie Zimmerman	Yes
Dee Hampton	Not present		

The vote total was 13 Yes, 8 No, and 2 Abstentions. The motion was approved.

The motion as amended was reread. The vote was by role call.

Member	Vote	Member	Vote
Shane Anglin	Yes	Emalie Huriaux	No
Michelle Bakken	Yes	Weihaur Lau	Yes
Janathan Batiste	Not present	Derrick Mapp	Yes
Bernie Berger	Yes	Tei Okamata	Na
William Bland	No	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byram	Yes	Jenny Lynn Sarmienta	Yes
Chadwick Campbell	Yes	Gwen Smith	Yes
David Diaz	Yes	Eika Sugana	Yes
Michael Discepola	Yes	Rakli Wilburn	Na
Thamas Ganger	Yes	Luke Woadward	Yes
Isela Ganzalez	Yes	Abbie Zimmerman	Yes
Dee Hamptan	Not present		

The motion was approved.

Summary, Evaluation, and Closure of Meeting

Gayle Burns reminded members that the 9/13/07 meeting will be a diversity training. She also thanked the HPS and consultants for their support. She then reminded members to complete their process evaluation forms.

The meeting adjourned at 6:06 PM.
Minutes prepared by David Weinman.
Minutes reviewed by Eileen Loughran and Israel Nieves-Rivera.

The next HPPC business meeting will be Thursday, May 10, 2007
at the Quaker Meeting House - 65 Ninth Avenue, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, May 10, 2007
3:00-6:00 pm

12:15 p.m. msf

DOCUMENTS DEPT.

MAY - 4 2007

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Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

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5/10/07

Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, Announcements, Agenda Changes**	**Tracey Packer**
3:10 pm	**1. Review and Approval of Minutes from 4/12/2007** (Action Item/Vote) Objective. To discuss and approve the minutes from the most recent council meeting	**Tracey Packer**
3:15 pm	**2. General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business	**Tracey Packer**
3:25 pm	**3. Member Response to Public Comment** Objective: To allow Council members to briefly respond to comments made by community members	**Tracey Packer**
3:30 pm	**4. HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section.	**Tracey Packer**
3:40 pm	**5. Parking Lot** *(Action Item/vote)* Objective: To accept items onto the Parking lot as recommended by the Steering Committee.	**Co-chairs**
3:50 pm	**6. African American Action Plan** *(Information Item)* Objective: To give Council members an update on new initiatives addressing HIV risk in African American communities and San Francisco's response.	**Chad Campbell, Derrick Mapp, & Vincent Fuqua, Members of African American Action Plan Workgroup**
3:50-4:00	**Overview of the State Office of AIDS Initiative and the CDC's "Heightened National Response to the HIV/AIDS Crisis Among African Americans".**	
4:00-4:15	**The Action Plan in San Francisco**	
4:15-4:30	**Two Interventions in SF Reaching African American Gay Men: Black Brothers Esteem Program and Black Spectrum**	**Tony Bradford** **Jonathan Batiste**
4:30-4:45	**Questions & Answers**	
4:45 pm	**Break**	**All**

4:55 pm	**7. Robert's Rules of Order Overview** *(Information item)* Objective: To provide Council members with information and practice of Robert's Rules of Order.	**Ed Tepporn and Mazdak Mazarei, Asian Pacific Islander American Health Forum in SF - *HIV Capacity Building Assistance***
5:50 pm	**8. Summary, Evaluation, and Closure of Meeting**	**Tracey Packer**
6:00 pm	**9. Adjournment**	

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments. Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

UPCOMING HPPC MEETINGS:
Membership/Community Liaison Committee: May 14 & June 11, 2:00-4:00 PM, 25 Van Ness
Points of Integration Between Prevention & CARE: May 7 & June 4, 3:00-5:00 PM, 25 Van Ness
Pre-HIV Prevention Plan Committee: June 7 & July 5, 2:30-4:30 pm, 25 Van Ness Ave
Steering: May 24 & June 21, 3:00-5:00 PM, 25 Van Ness Ave
Substance Use Issues & Structural Solutions: June 7 & July 5, 3:30-5:00 PM, 25 Van Ness
Full Council: Thursday, June 14, 3:00 – 6:00 PM, Location TBD.

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Frank Darby, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: sotf@sfgov.org..

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL

Minutes

May 10, 2007

The next HPPC business meeting will be held on Thursday, **June 14, 2007**
3:00 - 6:00 PM
Ark of Refuge, 1025 Howard St, San Francisco

HPPC Members Present:
Shane Anglin
Michelle Bakken
Jonathan Botiste
Bernie Berger
William Blond
Goyle Burns
Edword Byrom
Chodwick Compbell
Dovid Dioz
Michoel Discepolo
Thomas Gonger
Isela Gonzolez
Dee Hompton
Emolie Huriaux
Tom Kennedy
Weihour Lou
Derrick Mopp
John Newmeyer
Tei Okomoto
Trocey Packer
Colin Partridge, Emeritus
Ken Peorce
Perry Rhodes III
Jenny Lynn Sarmiento
Chandro Sivokumar
Gwen Smith

continued...
Frank Strona
Eiko Sugono
Rakli Wilburn
Luke Woodward

Members Absent:
Rondy Allgoier*
Goil Sanobrio
Jonay Washington, Emeritus
Abbie Zimmerman*
* These members informed the Chair in advance of their absences.

HIV Prevention Section:
Vincent Fuquo
Betty Chon Lew
Guillermo Gonzolez
Eileen Loughran
Ju Lei Kelly
Isroel Nieves-Rivera
Michael Paquette
Jenna Ropues

Harder + Co.:
Kym Dormon
David Weinmon (Note-toker)

Guests:
Tony Bradford, Block Brothers Esteem Project
Fronces Broome, Block Coolition on AIDS (BCA)
Grant Colfax, SFDPH Epidemiology Section
Joe Romierez Forcier, Positive Resource Center (PRC)
Steffonie Goodmon, UCSF
Ben Hayes, BCA
Jen Hecht, Stop AIDS
Jimmy Loyce, Interim Executive Director, BCA
Mozdak Mazarei, Asion Pacific Islander American Health Forum (APIAHF)
Scott Mortin
Ed Tepporn, APIAHF
Hole Thompson, Center for AIDS Prevention Study (CAPS)
Loren Toylor, Son Froncisco AIDS Foundation (SFAF)
Mork Utterbock, Stop AIDS

Process Evaluation Team:
Kevin Roe

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Welcome, Introductions, and Announcements

Co-Chair Tracey Packer called the meeting to order at 3:03 PM. She asked attendees to introduce themselves and to make relevant announcements.

- Shane Anglin announced that Bay Positives is recruiting for its peer advocacy program; candidates should be under 26.
- Michelle Bakken announced that she is working on the formation of a North Beach homeless community center, which will include HIV testing facilities.

- David Diaz announced that the Mission Neighborhood Health Center is recruiting for three positions: Treatment Outreach Worker, Community Health Educator, and HIV Case Manager.

Tracey Packer explained that there are three Co-Chairs who rotate facilitation duties. She pointed out that the HPPC is a policy group operating under the terms of the SF Sunshine Ordinance, therefore its business is done as a matter of public record and votes are done by roll call.

1. Review and Approval of Minutes from 4/12/2007

Motion was made and seconded to approve the minutes from the meeting 4/12/07. No discussion was offered. The vote was by roll call as follows.

Member	Vote	Member	Vote
Shane Anglin	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	Derrick Mapp	Not Present
Jonathan Batiste	Yes	John Newmeyer	Abstain
Bernie Berger	Yes	Tei Okamoto	Yes
William Bland	Not present	Tracey Packer	Yes
Gayle Burns	Yes	Ken Pearce	Yes
Edward Byrom	Yes	Perry Rhodes III	Yes
Chadwick Campbell	Yes	Jenny Lynn Sarmiento	Yes
David Diaz	Yes	Chandra Sivakumar	Yes
Michael Discepola	Yes	Gwen Smith	Yes
Thomas Ganger	Yes	Frank Strona	Abstain
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes	Rakli Wilburn	Yes
Emalie Huriaux	Yes	Luke Woodward	Yes
Tom Kennedy	Yes		

The minutes were approved with two abstentions.

2. General Public Comment

Tracey Packer explained that as a public body the HPPC is required to offer the public an opportunity to comment. Even without regard to the requirement, she highlighted, the Council welcomes input from the public as it is essential to the Council's role in setting HIV prevention priorities for SF. Public comment, she added, is best when comments are in relation to the HPPC's Agenda, because the Council can do something about it, otherwise the Council tries to refer the public to more relevant agencies.

Tracey Packer further explained that public comment be provided in the context of, "*Respectful engagement*," as outlined on posters displayed. She pointed out that recently the Council has had some difficulty with one particular member of the public. While the Council supports people's rights of free speech, there are limits; including when comments are abusive and threatening to people. If the limits of acceptable comment and conduct is exceeded the Council may take action; including stopping the meeting or asking the offending person to leave or be removed. Individual members, she pointed out, may also leave the meeting if they are

personally offended. She acknowledged that the Co-Chairs and the HPS are aware that members have felt harassed and threatened. Action is being taken to ensure that members feel, and in fact are, safe. This includes the continuing presence of a Sheriff; recording of meetings; and preparation of minutes. The City Attorney and Sunshine Ordinance Task Force are aware of the difficulty that the HPPC has had.

Questions and Comments

- Colin Partridge observed that some difficult and intimidating members of the public have had valid points that shouldn't be ignored due to the means of delivery.
- Isela Gonzales thanked Tracey Packer for the explanation.
  - ⇨ She also observed that Council members, as well as members of the public, have a right to express themselves at these meetings.

Comments from the Public

- Kym Dorman from Harder & Co distributed two documents both entitled, "*Are you a woman of color living with HIV/AIDS?*" copies of which are available to absent members upon request.
  - ⇨ She explained that Harder & Co is conducting a needs assessment of biological woman with HIV/AIDS for the CARE Council (the Ryan While Comprehensive AIDS Resources Emergency Act, aka the Health Services Planning Council [HSPC]) and are seeking participants.
- Hale Thompson, Interim Director of UCSF's Comprehensive AIDS Prevention Services' (CAPS) Transition Project addressed the Council with comments including the following.
  - ⇨ CAPS is trying to relinquish the funding stream for the Transitions project as well as its other HIV prevention programs for the Transgender population.
  - ⇨ The funds are from the CDC and a SAMHSA grant. Hale and others have encouraged CAPS and UCSF to find new grantees for these programs.
  - ⇨ In all the funding amounts to about $1 million.
  - ⇨ In addition to the Transition program there is a national capacity building program at risk which helps local areas set up culturally competent HIV prevention programs for young Transgender woman, particularly woman of color.
  - ⇨ Time is running out and it looks as though the funds will not be used and will get sent back to the federal government.
  - ⇨ Hale Thompson advocated for accountability being built into CAPS and UCSF and other programs providing services.
    - That accountability should include giving the served communities a voice in programs' future.
- Steffanie Goodman, Outreach and Recruitment Manager of the Staying Well Study, part of the UCSF Osher Center for Integrative Medicine addressed the Council with comments including the following.
  - ⇨ The program description document entitled, "*Staying Well Project*" was distributed, copies of which are available to absent members upon request.
  - ⇨ The study has been going on for two years and will continue for another year and a half.

- ⇨ She asked for assistance recruiting for this Mind Body Stress Reduction clinical trial among HIV+ people not taking anti-retroviral medications.
  - Compensation to participants is about $200.

3. Members' Response to Public Comment
   - Emalie Huriaux asked Hale Thompson to let the Council know what it, its members, and individual members of the public can do to help.
   - Colin Partridge said that short of a compelling financial or medical reason it is an embarrassment that UCSF has ceased its support of these programs and that the HPPC should support finding a new home for these programs.
   - Gayle Burns asked Hale Thompson if he thinks a letter from the Council would be helpful, as well as when the deadline is.
     - Gayle & Luke Woodward noted that the Transgender Advisory Group is also addressing this issue including writing a letter to the Bay Area Reporter.
     - ⇨ Hale Thompson said that letters to newspaper editors and/or to UCSF would be helpful; including to:
       - UCSF Chancellor, Michael Bishop;
       - Director of Center of AIDS Prevention Studies, ,Steve Morin;
       - Chair of the Medical Department at UCSF, Tallmadge King;
         * Address for these people will be forwarded to members from Betty Chan Lew.
     - ⇨ Hale Thompson added that the CDC grant, which has to stay within the UCSF group, might be well suited to be part of the AIDS Health Project (AHP) or perhaps the Department of Psychiatry.
   - Luke Woodward highlighted that the Trans Drop-in Center on Bush Street, is a major resource to this community. He explained that it would disappear if a new funding home isn't found.

   Tracey Packer explained that the Council can not take action on this issue as votes are not permitted on items not listed on the agenda; however, it will be referred to the Co-Chairs and Steering Committee. She noted that members are not restricted by the same rules and may wish to write individual letters. She also offered the help of the SFDPH in finding another location for these important programs.

4. HPPC Co-Chairs/Steering Committee Written Report

   Tracey Packer directed attendees' attention to the document entitled, "*Co-Chairs Report May 10, 2007,*" copies of which had been distributed to all members in advance of the meeting. She highlighted some of the issues in that report, including the following.
   - Special thanks to Billie-Jean Kanios for her hard work and dedication to the Council.
   - The July Council meeting (7/12/07) will include a panel discussion on social marketing as well as a report from the Health Related Absences Policy Work Group.
   - Membership Recruitment section (page 2) lists Betty Chan Lew's phone number incorrectly, it should read (415) 554-9492.

- Responses from Willi McFarland of the SFDPH's HIV Epidemiology Section to questions raised regarding the Epi Chapter Update presented at the 4/12/07 Council are attached.

No questions or comments were raised about this report.

5. Parking Lot for Future Agendas

Tracey Packer directed members' attention to the document entitled, "*Parking Lot March 8 & April 12, 2007,*" copies of which had been sent to all members in advance of the meeting. She provided background, including that:

- ⇨ The Parking Lot is usually open for the first two months of each year for suggestions from members; however, this year the process was delayed due to the joint meeting;
- ⇨ The suggestions from the members were consolidated by the Co-Chairs, Steering Committee and the HPS staff; and
- ⇨ Suggested ways of addressing the Parking Lot issues were outlined in the draft document.

Discussion ensued including the following.

- Tei Okamoto noted that Item #8 (Trans guys who have sex with Bio men), was also suggested by Frank Strona.
  - ⇨ Tracey Packer provided an update on this topic. It may be possible for CDC to fund a needs, or rapid, assessment of this population;
  - ⇨ Ken Pearce asked for elaboration on item #3 (Testing & related issues).
  - ⇨ Tracey Packer explained that in light of how much is going on in relation to testing it is suggested having the SFDPH's HIV Counseling and Testing Unit write a monthly newsletter for Council members; this would provide a means of addressing all of the issues outlined on the draft Parking Lot.
  - ⇨ She noted that the Points of Integration (POI) committee is also working on this.
  - ⇨ Tracey Packer then provided an update on some of the testing issues raised during the March Council meeting:
    - The CDC and laboratory/testing policy mandates that confirmation of a positive Rapid Test result be based on a lab test of blood drawn and tested by IFA or Western Blot.
    - It was reported in March that 40% of those getting a preliminary positive result from a Rapid Test don't return for the confirmatory test results.
    - The question was raised if those people were being lost to care.
    - The indication is that they are not because they, generally, go into non-City services, including private care, for follow up and care.
    - Work is proceeding on this question and the Counseling and Testing Unit will report back.
  - ⇨ The policy for Rapid Testing, for many reasons, is that it is a screening tool, but not as a diagnostic tool. The Rapid Test Algorithm study will assist with changing this.
    - The purpose of the trial currently underway, and reported on in March, was to validate rapid confirmation for Rapid Testing.

- In response to Ken Pearce asking what should be said to people getting a preliminary positive result from a Rapid Test several suggestions were offered, including the following.
  - ⇨ Perry Rhodes III said that at his agency when people are told that they have a "*Preliminary positive*" there is a Linkage Counselor present.
  - ⇨ Emalie Huriaux said that at her agency describes it as a, "*Positive that has not been confirmed.*"
  - ⇨ Dee Hampton explained that at her agency from the beginning of the process people are told that the test is preliminary and that a blood draw is necessary for confirmatory.
    - She noted that many of the people getting the Rapid Test are fairly certain, or strongly suspect, they are positive and the testing is just for validation.
    - She added that many people with private healthcare don't want to wait for the confirmation, but want to get the process started, and so don't return.
  - ⇨ Tracey Packer also noted that all people with a "*Preliminary positive*" result are given referrals to care, although they can't be told they are HIV+.
- Thomas Kennedy suggested the monthly report might include other topics.
- Tracey Packer explained that the Parking Lot could, if necessary, be amended later.

The motion to accept the Parking Lot came from the Steering Committee and so was recognized as moved and seconded. No other comments were offered. The vote was by roll call as follows.

Member	Vote	Member	Vote
Shane Anglin	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	Derrick Mapp	Yes
Jonathan Batiste	Yes	John Newmeyer	Yes
Bernie Berger	Yes	Tei Okamoto	Yes
William Bland	Not present	Tracey Packer	Yes
Gayle Burns	Yes	Ken Pearce	Yes
Edward Byrom	Yes	Perry Rhodes III	Yes
Chadwick Campbell	Yes	Jenny Lynn Sarmiento	Yes
David Diaz	Yes	Chandra Sivakumar	Yes
Michael Discepola	Yes	Gwen Smith	Yes
Thomas Ganger	Yes	Frank Strona	Yes
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes	Rakli Wilburn	Yes
Emalie Huriaux	Yes	Luke Woodward	Yes
Tom Kennedy	Yes		

The motion was approved unanimously.

6. <u>African American Action Plan</u>

Tracey Packer explained that this portion of the agenda is intended as on overview of efforts underway to reach African American men, woman, and transgender people in SF regarding HIV prevention. She also explained that the presentations will explain the State and Federal initiatives, the work of the local workgroup formed to address those initiatives, and report on two successful interventions focused particularly on reaching African American MSM.

HIV PREVENTION PLANNING COUNCIL
Minutes
May 10, 2007

Overview of the State Office of AIDS Initiative and the CDC's "Heightened National Response to the HIV/AIDS Crisis Among African Americans"

Tracey Packer briefly reviewed the slides from "*A Heightened National Response to the HIV/AIDS Crisis among African Americans.*" Copies of which had been sent to all members in advance of the meeting. The full text of the CDC document can be found at the HPS website www.SFHIV.org.

The Action Plan in San Francisco

Tracey Packer introduced Jonathan Batiste, Chad Campbell, Vincent Fuqua, and Derrick Mapp, members of the African American Action Plan Workgroup who conducted the presentation entitled, "*African American Gay Men/MSM Action Plan Overview*" copies of which had been sent to all members in advance of the meeting. Their additional comments included the following.

- Slides 1 & 2 – The California Department of Health Services Office of AIDS selected 18 Local Health Jurisdictions (LHJ), including SF to participate in the creation of this plan.
- Slide 4 – In SF instead of using data by zip codes the workgroup will use consensus data.
- Slide 4 – The *preliminary* Action Plan is due to the State Office of AIDS 7/01/2007.
- Slide 5 – The term, "*Cultural competence*" is meant to encompass more than understanding African American culture, and to include understanding of specific groups within the whole population.
- Slide 14 – Others being asked to participate in creating the Action Plan include representatives from non-HIV prevention service providers
- Slide 16 – New strategies and interventions (point 2) include those that are specific to SF.
- Slide 16 - The workgroup does not believe that coming up with a brochure would be a sufficient outcome to the Action Plan and that it needs to come up with sustainable actions.
- The workgroup seeks feedback, suggestions, and comments to assist in creating a viable Action Plan.
- The other members of the workgroup in attendance were acknowledged.

Attendees expressed their appreciation and thanks to the workgroup members with applause.

Black Brothers Esteem Program (A SF Intervention Reaching African American Gay Men)

Tracey Packer introduced Tony Bradford and William Bland of the Black Brothers Esteem (BBE) program at the San Francisco AIDS Foundation who conducted the presentation entitled, "*Black Brothers Esteem, Building Community One Brother at a Time,*" copies of which were distributed and are available to absent members upon request. Their additional comments included the following.

- Slide 4 – The qualitative interview survey in 1996-7 tried to determine the issues being faced in the whole African American community.
- Slide 9 – In addition to the programs established the prevention strategy focuses on the needs of those at risk in the Tenderloin neighborhood.
- Slide 10 - SFAF sees HIV as endemic in SF, although there are groups that remain epidemic.
- Slide 13 – Part of BBE's goal is to provide national leadership by ensuring the interventions developed can be replicated elsewhere.
- Slides 14, 15 & 16 – Provide an outline of categories that will be evaluated.

- ⇨ The collaboration described in the distributed document entitled, "*Black Brothers Esteem – Impact Evaluation Project in Collaboration with Cesar Chavez Institute,*" will enable an evaluation on the basis of the ten criteria listed in the presentation.
  - Copies of this document are available to absent members upon request.
- Slide 19 – The Leadership Institute includes a two and a half day retreat in a natural environment outside of SF.
- Slide 19 – BBE Clinical Evaluation now includes the services of a Clinical Psychologist
- Slide 20 – About 20-25 men enter the program weekly.
- Slide 21 – Successful spirituality workshops have been conducted with partners such as Glide Memorial, Ark of Refuge, and East Bay Religious Science.
  - ⇨ The workshops included discussions about health and other LGBT issues.
  - ⇨ The workshops linked participants with various churches, and encouraged participation in spiritual retreats.
  - ⇨ Participants in these workshops decided to develop the "*To Be Spiritually Healthy*" brochure; copies of which were distributed and are available to absent members upon request.
  - ⇨ The workshops also resulted in a well attended BBE sponsored forum on spirituality.
- Slides 23 & 24 – Overall a lesson learned is how projects can leverage off of each other, leading to innovative and successful approaches to prevention.
- Copies of the brochure entitled, "*My American Dream … a place to lay my head,*" as well as the document entitled, "*The Known Hidden Epidemic…*" were distributed and are available to absent members upon request.

The attendees expressed their appreciation for the presentation with applause.

Black Spectrum (An Intervention in SF Reaching African American Gay Men)

Tracey Packer introduced Jonathan Batiste of the Black Coalition on AIDS (BCA) to conduct the presentation entitled, "*The Black LGBT Community Building Project of BCA,*" copies of which were sent to all members in advance of the meeting. His additional comments included the following.

- Slide 1 – The symbol represents people of all sexual orientations.
- Slide 4 – Strategy includes connecting people to events beyond those focused on LGBT and/or HIV issues.
- Slide 5 – The example was cited of collaborating in organizing a community awareness forum in response to the suicide of Rickey Williams, a well know community member.
- Slide 11 – They are endeavoring to change the situation that the SF LGBT Black Film Festival has not been well attended by non-African Americans.
- Slide 14 – Spectrum is always looking for new and innovative ways to get people involved including non-African American people.

Attendees expressed their appreciation for the presentation with applause.

Tracey Packer urged members to engage with the presenters, including by submitting written questions and comments. She also urged keeping in mind the dynamic things happening in the

African American MSM community in members' Committee work. She added that more time needs to be dedicated to this topic.

7. Robert's Rules of Order Overivew

Tracey Packer introduced Ed Tepporn and Mazdak Mazarei of the Asian Pacific Islander American Health Forum in SF -- HIV Capacity Building Assistance (CBA) project. Ed and Mazdak are here as part of the CBA project with which they provide training to community planning groups. She noted that Mazdak Mazarei is a former member of the HPPC. The document entitled, "*Parliamentary Procedure on San Francisco HIV Prevention Planning Council,*" was distributed and served as the basis of their presentation; copies of this document are available to absent members upon request. Their additional comments included the following.

- The objective for the presentation was to help members understand basics of Robert's Rules of Order (RRO).
  - ⇨ RRO is used to streamline the Council's procedures and to ensure that all members have equal access to participation in the Council's business.
- They received some direction from the Co-Chairs and the HPS professional staff in putting together their presentation.
- They had also interviewed three Council members of various levels of experience with RRO.
- It was highlighted that the way the HPPC's uses RRO can be amended by changing the Council's by-laws.
- Page 2 - Written comments and suggestions submitted to the presenters will be addressed with the Co-Chairs and HPS.
- Page 3 – RRO is a tool serving the objectives of parity, inclusion and representation (PIR); that RRO does not own the process but is meant to ensure the process is fair and open.
- Page 4 – When a member raises a "Point of Order" she/he is questioning if a practice violates the Council's by-laws, including the application of RRO.
- Page 5 – The bulk of the Council's work is done in Committees with the work of the Committees being reviewed and voted on at the large Council meetings.

Discussion included the following (by topic).

Calling the Question

- "Calling the Question" is the process by which discussion on a motion can be halted.
  - ⇨ When a question is called and seconded discussion stops and an immediate vote is taken with a 2/3rd majority necessary for approval.
    - If approved, there is no further discussion on the motion and the meeting proceeds to vote on the motion.
    - If the vote does not pass discussion continues on the subject of the motion.
  - ⇨ This procedure is a way of ensuring that a small minority of the Council doesn't keep discussion open indefinitely.
- William Bland explained that the difficulty last month was when the question was called members were not clear on what they were voting on: stopping discussion or the motion.

- ⇨ Mazdak Mazarei said that if a member feels they haven't discussed the motion sufficiently they should vote against halting discussion (vote "No" on "Calling the Question").

- Israel Nieves-Rivera noted that RRO stipulates that if there has been less than ten minutes of discussion the Chair has the prerogative to deny a motion "Calling of the Question" without a vote.
- Dee Hampton suggested that there are two ways to express that a motion being considered isn't clear, or that one still has questions about it:
  - ⇨ First is to vote down the closure of discussion (the "Calling of the Question"); and
  - ⇨ The second to vote down the motion.
- Israel Nieves-Rivera noted that there is a value in voting, "No."
  - ⇨ He observed that this has been discussed at Council meetings before, and that a "No" vote is a valid way of referring things back to Committee for further work/clarification.
  - ⇨ Mazdak Mazarei noted that this is part of PIR, and that members represent more than themselves, they represent a community and have a responsibility to reject something they are not comfortable with.
- Tom Kennedy asked if new business could be raised and voted on if it isn't on the agenda.
  - ⇨ Tracey Packer explained that as part of the Sunshine Ordinance members can raise an issue, but it cannot be voted on, nor can an action (other than referring it to a Committee) be taken on it if it isn't on the agenda.
- Mazdak Mazarei and several members suggested that the facilitators explain what is being voted on prior to roll call being taken.

<u>Seconding a Motion</u>

- Shane Anglin asked if a motion brought by the Co-Chairs needs to be seconded.
  - ⇨ Some discussion followed including the clarification that if a Committee brings a motion to the Council it does not need to be seconded.
  - ⇨ There was some question if motions brought by Co-Chairs – at Council or in Committee -- require a second as more than one person is making the motion; this will be looked into and reported back on.

<u>Amendments</u>

Mazdak Mazarei explained that amendments always need to be seconded, adding that whoever seconded the motion is given the opportunity to second any amendment, or withdraw his/her second – in which case another member must provide the second.

- In response to a question from Derrick Mapp, Mazdak Mazarei explained that amendments can be layered upon each other and are dealt with from the last amendment to the first offered.
  - ⇨ He noted that the process of adding amendments can be stopped by voting agreement to "Calling the question," which halts all discussion and requires an immediate vote on the motion itself.

- Tracey Packer added that if it gets unclear what the motion includes due to multiple amendments the Co-Chairs should suggest sending it back to Committee as those amendments indicate that members are unhappy with the proposed motion.
- Ed Tepporn suggested the wording of the motion be on a flip chart so that members know what is being voted on, especially since amendments are generally small involving only a word or two.

Summary
Mazdak Mazarei and Ed Tepporn highlighted that RRO is meant to be a tool in support of PIR, not a cumbersome formality that restricts or limits participation. They added that RRO need not be intimidating.

- Tracey Packer pointed out that the Co-Chairs and staff try very hard to explain all procedures and that HPPC is fairly transparent in the way it conducts business and members should feel free to let the facilitating Co-Chair know when something is unclear.

The attendees expressed their appreciation for the presentation with applause.

Summary, Evaluation, and Closure of Meeting
Tracey Packer reviewed the meeting including how it was divided between Council business, process, and what is going on in the community. She again thanked the presenters and reminded members to complete their process evaluation forms. She reminded members that next month's meeting will be held at the Ark of Refuge and will focus on issues in the Transgender population.

- Colin Partridge suggested inviting people from UCSF.
- Dee Hampton noted there will be people in attendance from UCSF but that people specifically from the CAPS program should be invited.
- Israel Nieves-Rivera thanked Mazdak Mazarei and Ed Tepporn highlighting that they are available for community capacity building and organizational development.

The meeting adjourned at 5:53 PM.
Minutes prepared by David Weinman.
Minutes reviewed by Eileen Loughran and Tracey Packer.

The next HPPC business meeting will be Thursday, June 14, 2007
at the Ark of Refuge – 1025 Howard Street, San Francisco.

HIV Prevention Planning Council Meeting (HPPC)
Thursday, June 14, 2007
3:00-6:00 pm

Ark of Refuge
Refuge Ministries Building
1025 Howard Street (@ 6th Street)
San Francisco, CA 94103

11:35 a.m msf
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Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, Announcements, Agenda Changes**	**Perry Rhodes III**
	The Ladies of Passion – San Francisco's only Transgender Hula Group	**Ladies of Passion**
3:10 pm	**1. Review and Approval of Minutes from 5/10/2007** *(Action item/vote)* Objective: To discuss and approve the minutes from the most recent council meeting.	**Perry Rhodes III**
3:15 pm	**2. General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**Perry Rhodes III**
3:25 pm	**3. Member Response to Public Comment** Objective: To allow council members to briefly respond to comments made by community members	**Perry Rhodes III**
3:30 pm	**4. HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform council members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section.	**Perry Rhodes III**
3:35 pm	**5. Introduction of Transgender Specific Meeting** Objective: To introduce the transgender - specific community meeting and thank all community members that contributed to the planning of the meeting The Transgender Advisory Group (TAG) will provide an overview of its mission and values.	**Jeanna Eichenbaum Jenna Rapues**
3:45 pm	**6. Transphobia** *(Information item)* Objective: To engage council members with the issues related to transphobia and its correlation to risky behaviors among transgender communities. Co-factors for risky behaviors and implications for HIV prevention will be presented	
	3:45 – 4:00 a. Presentation by Lydia A. Sausa **4:00 – 4:15 b. Presentation by Police Commissioner** **4:15 – 4:25 c. Q & A**	**Lydia A. Sausa** **Theresa Sparks**
4:25 pm	**Break**	**All**

4:40 pm	**7. Transgender HIV Prevention Data/Funded Services** *(Information item)* Objective: To provide council members a current update on HIV prevention data on Male-to-Female (MTF) and Female-to-Male (FTM) transgenders in San Francisco.	
	4:40 – 4:55 a. HPS Transgender Presentation	**Lisa Reyes**
	4:55 – 5:10 b. UCSF's Transgender Data	**Dee Hampton** **JoAnne Keatley** **Jae Sevelius**
	5:10 – 5:30 c. Gaps Discussion – Small Group Brainstorm	**ALL**
5:30 pm	**8. Recommendations from the Transgender Advisory Group and Membership/CL Committee** *(Action Item/vote)* Objective: To inform council members of the recommendations developed by the Transgender Advisory Group (TAG) and Membership/CL Committee. The council members will be asked to vote on adopting these recommendations.	**Alexandra Byerly** **Weihaur Lau**
5:50 pm	**9. Summary, Evaluation, and Closure of Meeting**	**Perry Rhodes III**
6:00 pm	**10. Adjournment**	

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments. Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

UPCOMING HPPC MEETINGS:

Membership/Community Liaison Committee: June 11 & July 9, 2:00-4:00 PM, 25 Van Ness
Points of Integration Between Prevention & Care: July 2 & Aug 6, 3:00-5:00 PM, 25 Van Ness
Pre-HIV Prevention Plan Committee: July 5 & Aug 2, 2:30-4:30 pm, 25 Van Ness Ave
Steering: June 28 & July 26, 3:00-5:00 PM, 25 Van Ness Ave
Substance Use Issues & Structural Solutions: July 5 & Aug 2, 3:30-5:00 PM, 25 Van Ness
Full Council: Thursday, July 12, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Frank Darby, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: sotf@sfgov.org

In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Minutes

June 14, 2007

The next HPPC business meeting will be held on Thursday, **July 12, 2007**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St., San Francisco

HPPC Members Present:
Randy Allgoier
Shane Anglin
Michelle Bokken
Jonathan Botiste
Goyle Burns
Edword Byrom
David Diaz
Michoel Discepolo
Isela Gonzalez
Dee Hampton
Weihour Lou
Derrick Mapp
Tei Okomoto
Trocey Pocker
Colin Portridge, Emeritus
Ken Pearce
Perry Rhodes III
Goil Sonobrio
Jenny Lynn Sormiento
Chandro Sivokumor
Gwen Smith
Fronk Strona
Eiko Sugono
Rokli Wilburn
Luke Woodword
Abbie Zimmerman

Members Absent:
Bernie Berger
Williom Blond*
Chodwick Campbell*
Tom Kennedy*
John Newmeyer*
Jonoy Washington, Emeritus
* These members infarmed the Chair in advance af their absences.

HIV Prevention Section:
Elizobeth Davis
Vincent Fuqua
Betty Chan Lew
Guillermo Gonzolez
Alice Heimsoth
Eileen Loughran
Mott Jennings
Ju Lei Kelly
Liso Reyes
Isroel Nieves-Rivero
Michoel Poquette
Jenna Rapues

Harder + Co.:
Willow Schroger
David Weinmon (Note-toker)

Process Evaluation Team:
Kevin Roe

Guests:
Dovie I Ayap, A&PI Wellness Center
Alexondro Byerly, Mayor's Office
Ada Chilton, Ark of Refuge
Tomoro Ching
Jerry Brown, AIDS Heolthcore Foundotion
Jeanna Eichenbaum, UCSF TRANS Project
Ann Fitzgerald, Latino HIV/AIDS Prevention Initiotive
Amber Gray, Ark of Refuge
JoAnne Keotley, UCSF
Christopher Gortner, SFDPH, HIV Heolth Services, AIDS Office
Coce Hodfield, Moyor's Office
Rosalito Honotay, San Diego AIDS Office
Jen Hecht, Stop AIDS Project
JoAnne Keotley, Pocific AIDS Educotion ond Troining Center
Jally C. Lacy, A&PI Wellness Center
Meloo Long, Restorotion House
Omar Menendez, SFDPH, AIDS Office
Chris Powers, UCSF/AIDS Health Project
Anthony Philip, SF LGBT Center
A. Rivero, TLC
Lydia Sousa, UCSF
Joe Sevelius, CAPS/UCSF
Gobriel Southerlond (?)
Theresa Sporks, SF Police Commisioner
Yavanté Thomas-Guess, LGBT Center
Phu Tran, Asian American Recovery Services
Mark Utterback, Stop AIDS Project
Honk Wilson

Welcome, Introductions, and Announcements

Co-Chair Perry Rhodes III called the meeting to order at 3:07 PM. He explained that the three Co-Chairs rotate facilitation responsibilities. He then asked attendees to introduce themselves and for members to make relevant announcements.

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- Tracey Packer announced that the San Francisco Department of Public Health (SFDPH) and Better World Advertising have developed a new "*Resist Meth*" campaign, examples were posted and available to all attendees.
- Derrick Mapp announced that the Shanti Project was recruiting for the next cycle for its LIFE program, due to begin 06/17/07
- Eiko Sugano announced that the Bay Area LIFT program would be conducting a resume writing workshop for LGBT youth on 06/18/07.
- Randy Allgaier explained that he is also a member of the Health Services Planning Council (HSPC or the CARE Council) and provided a brief update on changes announced for care funding from the federal government.
  - ⇨ There is to be a $9.3M cut in funding for the San Francisco (SF), San Mateo, and Marin County area.
  - ⇨ This is a drastic cut which means that 75% of the award will go to core services, whereas only 43% of last year's award went to the same.
  - ⇨ Federal funding is no longer allowed for residential substance abuse services.
  - ⇨ Other non-core services to be severely cut include housing assistance.
  - ⇨ The City of SF has back-filled $3.8M of the cuts, primarily for housing.
  - ⇨ The CARE Council is trying to secure additional support, including from the State.
- Shane Anglin announced that he will be leaving the HPPC as of 09/01/07 as he is relocating to Portland where he will be continue working in HIV prevention services.
- Frank Strona announced that on 06/26/07 at 7:00 PM at the LGBT Center there will be a program entitled, "Confirming our Strengths: A Night of Sharing the Power of Being Gay."
  - ⇨ This asset-based event is a collaboration of SFDPH STD Section, the SFDPH HPS, Magnet, and the Community Partnership for Gay Men's Health.
  - ⇨ Announcements will be forwarded to all members.
- Frank Strona then distributed cards entitled, "*Is Your Dog A Ham?*" announcing photo auditions on 06/17/07 for dogs to be part of campaign promoting Gay men's health.
- Jonathan Batiste distributed a flyer announcing an evening of "*LGBT Interest Films*" on 06/16/07 cosponsored by the Spectrum, Black Coalition on AIDS (BCA) and the SF Black Film Festival.
- Jonathan Batiste also distributed a flyer entitled, "*Playa Playa... Let's Keep It Real,*" announcing the next 3MV (Many Men Many Voices) meetings 07/23, 27, & 30/07 at 11:00 AM at the Black Coalition on AIDS (2800 Third Street).
- Tracey Packer provided a follow-up on concerns expressed during the public comment portion of the May Council meeting regarding the possible loss of the Transgender Resource And Neighborhood Space (TRANS) project.
  - ⇨ The SFDPH is working with Substance Abuse and Mental Health Service Administration (SAMHSA) to in an attempt to continue the project by providing funding through the SFDPH; although still in progress, the prospect looks positive.

Perry Rhodes III introduced the Ladies of Passion, SF's only Transgender Hula Group, noting that they are all from Hawaii but live in SF. The group explained its mission as being to educate, support, and share the beauty of life through dance. The attendees expressed their appreciation for the performance with applause.

The Council then observed a moment of silence in remembrance of Thomas Ganger.

1. Review and Approval of Minutes from 5/10/2007

Motion was made and seconded to approve the minutes from the meeting 5/10/07. No discussion was offered. The vote was by roll call as follows.

Member	Vote	Member	Vote
Randy Allgaier	Abstain	Tei Okamoto	Yes
Shane Anglin	Yes	Tracey Packer	Yes
Michelle Bakken	Yes	Ken Pearce	Yes
Jonathan Batiste	Abstain	Perry Rhodes III	Yes
Gayle Burns	Yes	Jenny Lynn Sarmiento	Yes
Edward Byrom	Yes	Chandra Sivakumar	Yes
David Diaz	Yes	Gwen Smith	Yes
Michael Discepola	Yes	Frank Strona	Yes
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes	Rakli Wilburn	Yes
Weihaur Lau	Yes	Luke Woodward	Yes
Derrick Mapp	Yes	Abbie Zimmerman	Abstain

The minutes were approved with three abstentions.

2. General Public Comment

Perry Rhodes II explained that the HPPC welcomes the community's input. He then reminded attendees of the principles of respectful engagement that were also posted in the meeting room. Comments from members of public were offered.

- Chris Powers from the San Francisco AIDS Foundation (SFAF), Research Department announced that they are recruiting participants for a research project looking at reducing risk among HIV+ MSM.
  - ⇨ The program includes counseling, testing and a small stipend.
  - ⇨ Attendees were invited to contact him for more information, promotional materials, and/or if they would like him to address other groups about this project.
  - ⇨ He also noted that he is a former employee of the SFDPH Research Section.
- Ann Fitzgerald of the Latino HIV/AIDS Prevention Initiative distributed materials about that project, including an executive summary and survey.
  - ⇨ She explained that the project is conducting a needs assessment of services available to the Latino community.
  - ⇨ She asked attended to execute the survey, noting that it is also available on the project's website.
- JoAnne Keatley, of the Pacific AIDS Education and Training Center, University of California, San Francisco announced the Third Annual Transgender leadership awards event to be held at the LGBT Center 06/18/07
  - ⇨ She provided some background on projects underway at UCSF with the Transgender community, including a three-year Center of Excellence (COE) grant from the State Office of AIDS for HIV prevention services.

- This project will work statewide reviewing programs available, conducting a research and literature search, capacity building by conducting provider training, and compiling a compendium in print and on the Internet of available services.

⇨ She also noted that the CDC funded capacity building assistance program, Transitions, has been saved and will continue at CAPS at UCSF.

- Hank Wilson, former HPPC member, offered comments, including the following.
  - ⇨ He urged including community advisory boards in all aspects of the TRANS program.
  - ⇨ He highlighted the following literature, all of which are silent regarding "Poppers":
    - A recent study on substance use among Transgender people;
    - A brochure published by the AIDS Clearinghouse on drugs and sex;
    - A pamphlet put out by the Stop AIDS Project on S&M safety; and
    - A peer reviewed study on substance use published by the Center for AIDS Research.
  - ⇨ He pointed out that after 25 years and an accumulating body of research regarding "Poppers" service provides as well as the community remain uninformed of the risks posed by the use of "Poppers."
  - ⇨ If there is no message, he asserted, the community hears approval.
  - ⇨ He advocated for informed consent if use is chosen, rather than a prohibition.
  - ⇨ He urged educating young people as there is a window of opportunity between first sexual experience and the age at which research indicates substance use commences.
  - ⇨ He noted that "Poppers" have been included the SF Prevention Plan for several years.
  - ⇨ He added that the Transgender COE may present an opportunity in this regard.
- Brian Basinger, President of the Harvey Milk LGBT Democratic Club, asked the HPPC for two letters and individual members' phone calls supporting funding of the SF Board of Supervisor's recommended Comprehensive Housing Plan
  - ⇨ He noted that the National AIDS Coalition points out that housing is a significant prevention tool, cutting transmission rates by half.
  - ⇨ The proposed plan seems to be caught up in competing political proposals between the Mayor and some members of the Board of Supervisors.
  - ⇨ He also explained that the Harvey Milk LGBT Democratic Club which is, in collaboration with other community organizations, putting together a queer housing plan addressing all unmet aspects of housing facing the LGBT community.
    - He would also like a letter from the HPPC of support on this plan.

3. Members' Response to Public Comment

Perry Rhodes III explained that requests for support from the HPPC go to the Steering Committee for evaluation prior to Council consideration. There was no other comment.

4. HPPC Co-Chairs/Steering Committee Written Report

Perry Rhodes III directed attendees' attention to the document entitled, "*Co-Chairs Report June 14, 2007,*" copies of which had been distributed to all members in advance of the meeting. Two attachments were distributed at the meeting entitled, "*Overview of 2008 CDC Interim*

Progress Report," and, "*CTL Unit Project Status for 6/15/07 HPPC Meeting,"* both of which are available to absent members upon request. He asked people to review the information.

5. Introduction of Transgender Specific Meeting

Perry Rhodes III introduced Jeanna Eichenbaum and Jenna Rapues who conducted the presentation entitled, "*Transgender Advisory Group,"* (TAG) copies of which had been sent to all members in advance of the meeting. Their additional comments included the following.

- Jeanna Eichenbaum, Project Director of the UCSF TRANS project, provided an overview of the Council meeting's program, including the following:
  - ⇨ The impact of Transphobia in the community such as violence, HIV risk, substance use, and mental health disorders;
  - ⇨ Presentations from a number of researchers and social scientists; and
  - ⇨ The exponentially higher risk among HIV Transwoman of color.
- She also suggested that the Transgender population size in the SFDPH's Epidemiology Consensus data is under reported, most likely as a result of inadequate data collection.

Slides 2 & 4 – The Mission Statement has been recently updated from the previous version.
Slide 6 – TAG wants to collaborate with various community based organizations (CBOs) in reaching out to the community.

Questions and Comments

- A question was asked about what community members can do about the violence against the Transgender community and to help saves lives.
  - ⇨ Jeanne Eichenbaum responded that she lost a Transwoman client this week to an overdose. This client, she explained, had been rejected by her family, experienced a lack of employment opportunities, didn't have stable housing, and had other factors all coming together to form a, "*Perfect storm.*"
  - ⇨ All of these issues, she continued, need to be addressed by a concerted effort.
- It was suggested there be a website enabling people to readily access information about services available.
  - ⇨ Jenna Rapues explained that TAG is currently working on such a website.
- A questions was asked why, after so many years, the HPPC should still need to be educated on Transgender issues.
  - ⇨ Jonathan Batiste explained that such education is particularly useful to the younger and newer HPPC members.
  - ⇨ Dee Hampton added that is it important when people like Tamara Ching and Hank Wilson, who have health advocates for many years, remind the Council of SF's HIV prevention history.

Attendees expressed their appreciation for the presentation with applause.

6. Transphobia

Transphobia and Health Care

Lydia A. Sausa of UCSF Department of Family and Community Medicine conducted the presentation entitled, "*Transphobia: Impact on HIV & Health Care,"* copies of which were distributed to attendees and are available to absent members upon request.

Attendees expressed their appreciation for the presentation with applause

Presentation by Police Commissioner

Theresa Sparks, President of the SF Police Commission, provided an overview of the Transgender movement.

- In many ways the Transgender movement parallels SF's struggle against HIV/AIDS.
- The Transgender political movement in SF started in the mid 90's and included the formation of the Transgender Advisory Council to the Human Rights Commission (HRC).
  - ⇨ She noted that several people instrumental in this development were present at this HPPC meeting.
- The Transgender Advisory Council developed discrimination protocols for SF.
  - ⇨ This included a list of 96 ways in which Transgender people are discriminated against.
- This list was also presented to the Board of Supervisors and was ultimately codified into a non-discrimination ordinance in SF.
  - ⇨ This was not the first such non-discrimination law in the US, but was preceded by similar law in Minneapolis.
- Although local pride was taken in the non-discrimination law, nothing much happened in way of enforcement or implementation for another five years.
- A number of community activism groups emerged, including Transgender Rage, known today as Day of Remembrance (DOR), which first held the first day of remembrance of Transgender deaths in 1998.
  - ⇨ As a result, people in SF started recognizing the level of violence against Transpeople.
  - ⇨ It also became apparent that such violence against Transpeople is a health issue.
- Prior to 1998-9 there had been an average of two or three murders of primarily Transwoman per month in the US and Western Europe.
  - ⇨ With the emergence of the Transgender political movement here and around the world that average has actually risen.
  - ⇨ Over the past year SF has had a rash of Transpeople, primarily Transwoman, found dead from suspicious causes.
- In 2000 a significant event took place in the history of the Transgender political movement: Mark Leno, a true believer in Transgender rights, was elected to the Board of Supervisors.
  - ⇨ Among other things it resulted in the formation of the Transgender Civil Rights Implementation Task Force, which explored the enforcement and implementation of the anti-discrimination law passed five-years earlier.
    - This was the first such body in the US.
- At the same time the Transgender Political Caucus was formed as the first Transgender political coalition in the US.
- In 2001, amidst national and international attention, the City of SF became the first jurisdiction to provide Transgender health care to its employees.
  - ⇨ This has grown to other jurisdictions as well as to health care insurers, many of whom now offer Transgender health care as an option to its customers.
- Around that time the HRC in cooperation with the SFPD formed a task force to look at protocols by which Transpeople are dealt with by the SFPD and Sheriff's Department.

- The protocols adopted were based on the principle that, "*All individuals have the absolute right to self-identify.*"
  - This means that, without regard to how a person looks or what their ID may assert, all people have the absolute right to independently identify their gender.
- Insofar as implementation, the difficulty has changed; the police department is aware of the law, but people on the street are not.
- Conditions in the local jails have made significant improvement, although far from ideal.
- The Transgender political movement uses different, and larger, population number than those used by the SFDPH.
- Transpeople are getting more involved in politics and the Transgender community is becoming a more significant political factor in SF, as demonstrated by:
  - ⇨ Theresa Sparks appointment to the Police Commission three years ago;
  - ⇨ Her recent election as the President of the Police Commission;
  - ⇨ The possibility that Cindy Chung may be the first Transwoman to be elected Supervisor after having been only the second to have run; and
  - ⇨ That all major SF politicians now talk about Transgender issues.
- There has been six or seven suspicious death in SF of Transwoman over the past two years.
  - ⇨ The police have investigated most; however, the coroner has ruled some to be drug overdoses.
- The recent case in Fremont is, unfortunately, the first arrest and prosecution of someone for the violent murder of a Transgender person -- at least in California.
  - ⇨ It is clear that we still have a long way to go.
- She is working on getting a Transgender lawyer in either the District Attorney's office or the office of the Public Defender in the near future.

Attendees expressed their appreciation for Theresa Sparks' remarks with applause.

Questions and Comments

- In response to Derrick Mapp's question Lydia A. Sausa explained that the SFDPH has published a booklet regarding Best Practices for services to Transpeople living with HIV.
  - ⇨ Theresa Sparks added that the HRC is compiling guide on legal Best Practices, including public accommodation, housing, and employment.
- Isela Gonzales asked about ensuring that things continue to move forward in the Sheriff's Department regarding services in the Jails.
  - ⇨ Theresa Sparks said that the Police Department implemented the non-discrimination protocols through the SF Police Departments General Orders – the set of rules under which the department operates – and these have real teeth.
    - For instance, an officer found to have violated the General Orders can be disciplined, including being dismissed.
  - ⇨ She highlighted that every Police Captain and the Hate Crimes Department is fully aware of these General Orders and required to enforce them.
  - ⇨ She added that the LGBT advisory committee at the HRC has been working with the Sheriff's Department on implementation of the protocols in the jails.

Attendees expressed appreciation to Lydia A. Sausa and Theresa Sparks with applause.

7. Transgender HIV Prevention Data/Funded Services

Transgender Presentation

Dee Hampton and Lisa Reyes who conducted the presentation entitled, "*Transgender HIV Prevention Services Funded by HPS,*" copies of which were sent to all members in advance of the meeting. Their additional comments included the following.

- Slides 3 & 7 – Provided an overview of the 2006 Consensus Data for all Behavioral Risk Populations. The HIV Prevention Section (HPS) recognizes that it is very difficult to estimate the size of the Transgender population. This is the best estimate given the limited data and information. However these are estimates based on local research and may be subject to an unknown degree of error.
  - ⇨ The Prevalence rate may be high in this estimate as a result of under estimating the population size.
  - ⇨ The funding reported is prevention funding only and does not include care services. Allocations for this funding and are not based on the 2006 Consensus date. Funding for current services is based on the priorities developed in the 2004 HIV Prevention Plan.
- Slide 8 & 9 – Provided an overview of the agencies specifically focusing on Transgender needs. It was noted that these are not the only agencies that provide services to the Transgender community.
- Slides 10-20 - Are overviews of the agencies providing services to Transpeople.
- Slide 21 – Provides a summary of 2006 Consensus Data of the Transgender community divided by Injection Drug Users (IDU) and Non-IDU.

UCSF Transgender Data

JoAnne Keatley from the Pacific AIDS Education and Training Center, and Jae Sevelius of the Department of Medicine Center for AIDS Prevention Services (CAPS) conducted the presentation entitled, "*Transgender People in San Francisco and HIV Risk,*" copies of which were sent to all members in advance of the meeting. Their additional comments included the following.

- Data presented is from UCSF as well as other sources.
- Slide 2 & 3 – There have been few studies that gather data on Transpeople other than sex workers and substance users.
  - ⇨ These slides are compliments of Jessica Xavier
- Slide 4 – Data collected between the mid 1990's and 2005.
  - ⇨ Unpublished data indicates percentages in Oakland to be much higher than in SF.
- Slide 7 – Study results were reported in the American Journal of Public Health, 2004.
- Slide 8 – All participants have had at least one instance of sex work, thus the numbers may be skewed.
- Slide 10 – It was observed that although HIV prevention messages were getting through, numerous factors contributed to this group's decision to participate in Unprotected Receptive Anal Sex (URAS).
- Slide 12 – Even those that have regular medical care find that many service providers are not culturally competent.
- Slide 13 – In SF we have seen a lot of IDU, ISU (Injection Silicone Use), and IHU (Injection Hormone Use), including street hormones, used as coping mechanisms.

- Jae Sevelius noted that CAPS is conducting a national study and asked attendees to contact him with candidates for participation.

The attendees expressed their appreciation to JoAnne Keatley and Jae Sevelius with applause.

Questions and Comments

- Ken Pearce asked why the 2004 Nemoto study was conducted among Transpeople with at least one experience as a sex worker.
  - ⇨ JoAnne Keatley explained that an earlier study (1996) indicated that that those engaged in commercial sex were at greater risk and the 2004 study sought to test that hypothesis by recruiting a high number of sex workers; however, the hypothesis proved to be inaccurate.
  - ⇨ She added that there wasn't a lot of earlier data to form a hypothesis upon.
- Ken Pearce then asked about the income disparity between the African-American and Asian Pacific Islander populations.
  - ⇨ JoAnne Keatley said that in her opinion that there is a, "*Passing privilege*" accorded to Asian Pacific Islander Transwomen that African-American, Latina, or White Transwomen do not enjoy.
    - The Asian Pacific Island Transwomen therefore have more access to employment.
  - ⇨ She added that the Asian Pacific Islander culture is not as dismissive of Transwomen and so they have more community and family support.
- Gayle Burns said that it angers her that we have heard the same data for several years.
  - ⇨ She asked what it takes to get cultural competent services to this community.
  - ⇨ She also asked what it takes to get appropriate education to Transgender sex workers.
  - ⇨ She noted that at a conference four years ago the medical professionals seemed so receptive and willing to change, but things remain unchanged.
  - ⇨ Her comments were met with applause.
  - ⇨ Tracey Packer the need to collaborate and for service providers and government to work more closely together, not just in HIV Prevention, but in all health services for transgendered people.
  - ⇨ She added her commitment to working together with other providers.
  - ⇨ JoAnne Keatley indicated that she is committed to working cooperatively, as are others.
- Alexandra Byerly suggested that there are several issues, including education, health care, and housing, that we need to work together on.
  - ⇨ She added that there are people dying and being killed.
- JoAnne Keatley observed that as a result of budget cuts, there has been a reduction in culturally competent services.

Attendees expressed their appreciation for the presentations with applause.

8. Recommendations from the Transgender Advisory Group and Membership/CL Committee

Before the presentation the attendees observed a moment of silence in remembrance of all Transpeople who have died as result of violence against that community.

Alexandra Byerly from TAG and Weihaur Lau who conducted the presentation entitled, "*Outcomes: Enhancing HIV Prevention with Transgender Communities,*" copies of which were

sent to all members in advance of the meeting. Some of their additional comments included the following.

- Plans for this Council meeting were formed around the same time, and partly in reaction to, the murder of Ruby Rodriquez, a young Transwoman in SF.
- This meeting is a result of collaborative action between the HPPC's Membership/Community Liaison Committee (MCLC) and TAG.
- Isela Gonzales and Dee Hampton are members of both the MCLC and TAG.
  - ⇨ Other TAG members serving on the HPPC are: Michelle Bakken, Gayle Burns, and Luke Woodward.

The following motions were offered by the MCLC.

Motion One: Female-to-Male (FTM) Transgender Needs Assessment
That the HPPC recommends that the HIV Prevention Section (HPS) prioritize the development and implementation of a FTM transgender needs assessment.

Motion Two: Centralized Transgender Resource Guide
That the HPPC recommends that the HPS compile a centralized transgender resource guide to maximize San Francisco's HIV Prevention efforts with transgender communities.

Motion Three: Transgender Social Marketing Campaign
That HPPC recommends that the HPS prioritize the development and implementation of a social marketing campaign to empower transgender community members to take a proactive approach towards healthier behaviors and reduce their risks for HIV.

Motion Four: Transgender Provider Training
That the HPPC recommends that the HPS require transgender cultural competency trainings for all HPS-funded programs.

Discussion of the motion ensued including the following.

- Abbie Zimmerman asked if we want to incorporate the terminology mentioned earlier, including Transwomen and Transmen, into HPPC documents such as the Prevention Plan.
- Alexandra Byerly noted that the TFM (Transmen) population is often ignored when discussing the Transgender community.
- Tracey Packer clarified that although a Transgender Resource Guide in Motion Two has previously been published, it needs updating.
- Tracey Packer also clarified that provider cultural competence training, Motion Four, is already underway as part of the Center of Excellence grant discussed earlier.
- It was suggested that research be done focusing on HIV transmission among Transpeople of color, as well as on partners of Transpeople.
  - ⇨ JoAnne Keatley noted that there is a CDC funded study underway looking at men who have sex with Transpeople.
- A question was raised as to why youth is not addressed by the motions, explaining that it is among youth that much of the growth in HIV infection is taking place.
  - ⇨ Alexandra Byerly indicated that the focus has been on the whole community.
  - ⇨ She also suggested that representatives from organizations working with youth get more involved in the work of TAG.

- ⇨ Dee Hampton explained that the motions are intentionally vague, with the intention that the various initiatives include all parts of the Transgender community.
- ⇨ Lisa Reyes suggested attendees use the index cards distributed to highlight gaps.
  - She explained that those cards would go back to the TAG and M/CLC who are continuing to work on issues relating to the Transgender community.

Motion Two: Transgender Resource Guide

Implementation suggestions included the following:

- Alexandra Byerly noted that the guide should be available on the Internet.
- Frank Strona suggested that the definition of the guide include the information being in multiple languages, downloadable, and maintained electronically.
- Isela suggested that guide needs to be in hard copy so as to be accessible to people in jail, who do not have access to the Internet.
- Rakli Wilburn observed that many of her clients also don't have access to the Internet, and so printed copies of the guide would be valuable.
- David Diaz suggested an 800 phone number for access to information in the guide.

There was no further discussion. Attendees expressed their appreciation to Alexandra Byerly and Weihaur Lau with applause.

Perry Rhodes III had explained that all four motions would be voted on together. Failing the approval of all four motions together any of the motions could be motioned, discussed, and voted on separately. He also noted that since the motions come from a committee there is no need for a second.

The motions were voted on together by way of roll call

Member	Vote	Member	Vote
Randy Allgaier	Yes	Tei Okamoto	Yes
Shane Anglin	Yes	Tracey Packer	Yes
Michelle Bakken	Yes	Ken Pearce	Yes
Jonathan Batiste	Yes	Perry Rhodes III	Yes
Gayle Burns	Yes	Jenny Lynn Sarmiento	Not present
Edward Byrom	Yes	Chandra Sivakumar	Yes
David Diaz	Yes	Gwen Smith	Yes
Michael Discepola	Yes	Frank Strona	Yes
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes	Rakli Wilburn	Yes
Weihaur Lau	Yes	Luke Woodward	Yes
Derrick Mapp	Yes	Abbie Zimmerman	Yes

The motions passed unanimously.

Attendees joined Alexandra Byerly and Weihaur Lau in thanking members of the TAG and of MCLC for their work with applause.

Summary, Evaluation, and Closure of Meeting

Perry Rhodes III reminded members to execute their evaluation forms and asked all attendees to remember to turn in their index cards with suggestions.

The meeting adjourned at 5:59 PM.
Minutes prepared by David Weinman.
Minutes reviewed by Israel Nieves-Rivera and Tracey Packer.

The next HPPC business meeting will be Thursday, July 12, 2007
at the Quaker Meeting House – 65 Ninth Avenue, San Francisco

HIV Prevention Planning Council Meeting
Thursday, July 12, 2007
3:00-6:00 pm

Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

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Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, Announcements, Agenda Changes**	**Gayle Burns**
3:10 pm	**1. Review and Approval of Minutes from 6/14/2007** (Action Item/ Vote) Objective: To discuss and approve the minutes from the most recent council meeting.	**Gayle Burns**
3:15 pm	**2. General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**Gayle Burns**
3:25 pm	**3. Member Response to Public Comment** Objective: To allow Council members to briefly respond to comments made by community members	**Gayle Burns**
3:30 pm	**4. HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section. The co-chairs will draw two names of Council members to attend HPLS in New Orleans.	**Gayle Burns**
3:35 pm	**5. Cooperative Agreement Overview *(Information item)*** Objective: To provide an overview of the requirements for the annual application to the Centers for Disease Control and Prevention (CDC).	**Israel Nieves-Rivera & Tracey Packer**
3:50 pm	**6. Committee/Workgroup Updates** Objective: To provide HPPC members with a mid year update on the work of these committees.	**Gayle Burns**
	3:50 Health Related Absence Workgroup *(Action Item/Vote)* Objective: To provide an overview of the proposed policy, and to vote on the recommendations developed by this workgroup.	**Perry Rhodes III & Michael Discepola**
	4:20 Points of Integration (POI) *(Information/Discussion Item)* Objective: To give Council members an update on the committee's work, including recommendations for addressing late testing, seroadaptation / serosorting and best practices for PwP.	**Ed Byrom & Susan Phillp**
	4:35 Substance Use Issues and Structural Solutions (SUISS) *(Information/Discussion Item)* Objective: To provide an update on the committee's discussions to date, including HIV prevention needs and gaps for substance users and possible structural approaches for addressing the needs/gaps.	**Shane Anglin Elko Sugano**
4:50 pm	**Break**	**All**
5:00 pm	**6. Social Marketing As A Prevention Intervention *(Discussion Item)*** Objective: To provide an overview of the use of social marketing in HIV prevention and begin the discussion about social marketing as an intervention for inclusion in the next HIV Prevention Plan. We will have public comment on this item.	**Tracey Packer & Bhupendra Sheoran Asian & Pacific Islander Wellness Center**

5:50 pm	**8. Summary, Evaluation, and Closure of Meeting**	**Gayle Burns**
6:00 pm	**9. Adjournment**	

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments. Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

UPCOMING HPPC MEETINGS:

Membership/Community Liaison Committee: July 9 & August 13, 2:00-4:00 PM, 25 Van Ness
Points of Integration Between Prevention & CARE: August 6, 3:00-5:00 PM, 25 Van Ness
Pre-HIV Prevention Plan Committee: July 26, 1:00-3:00 PM & August 2 , 2:30-4:30 pm, 25 Van Ness Ave
Steering: July 26 & August 23, 3:00-5:00 PM, 25 Van Ness Ave
Substance Use Issues & Structural Solutions: August 13 & Sept 6, 3:30-5:00 PM, 25 Van Ness
Full Council: Thursday, August 9, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

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HIV PREVENTION PLANNING COUNCIL (HPPC)

Minutes

July 12, 2007

The next HPPC business meeting will be held on Thursday, **August 9, 2007**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St., San Francisco

HPPC Members Present:
Randy Allgaier
Shane Anglin
Michelle Bakken
Janathan Batiste
Bernie Berger
William Bland
Gayle Burns
Edward Byrom
Chadwick Campbell
David Diaz
Isela Ganzalez
Dee Hampton
Tom Kennedy
Weihaur Lau
Jahn Newmeyer
Tracey Packer
Calin Partridge, Emeritus
Ken Pearce
Perry Rhades III
Jenny Lynn Sarmiento
Chandra Sivakumar
Gwen Smith
Frank Strana
Eika Sugana

Members Absent:
Michael Discepala*
Tei Okamata*
Gail Sanabria*
Janay Washington, Emeritus
Rakli Wilburn
Luke Woodward*
Abbie Zimmerman*
* These members informed the Chair in advance of their absences.

HIV Preventian Section:
Elizabeth Davis
Vincent Fuqua
Betty Chan Lew
Guillermo Gonzalez
Emalie Huriaux
Eileen Laughran
Ju Lei Kelly
Lisa Reyes
Israel Nieves-Rivera
Michael Paquette
Jenna Rapues

Guests:
Mathew S. Bajka, Bay Area Reparter
Walter Chaw, CDC
Jen Hecht, Stap AIDS Project
Caralyn Hunt, CAPS
Susan Philip, SFDPH
Anthany Philip, SF LGBT Center
Sheoran Bhupendra, API Wellness Center
Hank Wilsan

Harder + Ca.:
Kym Dorman
Willow Schrager
David Weinman (Nate-taker)

Process Evaluatian Team:
Kathleen Rae

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Welcome, Introductions, and Announcements

Co-Chair Gayle Burns called the meeting to order at 3:06 PM. She explained that the three Co-Chairs rotate facilitation responsibilities. She then asked attendees to introduce themselves and for members to make relevant announcements.

- Randy Allgaier provided an update of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (i.e., Ryan White Comprehensive AIDS Resources Emergency (CARE) Act) funding, including that the City of San Francisco (SF) backfilled cuts from the Federal government as a one-time occurrence.
  - ⇨ He also explained that the State has provided funding to make up the shortfall for Marin and San Mateo Counties.
- Randy Allgaier also distributed the flyer entitled, "*Community Forum, The Future of HIV Health in SF*" on 07/26/07 at 6:00 pm at the California State office building, copies of which are available to absent members upon request.

- ⇨ He explained that this meeting will address both care and prevention issues.
- William Bland announced that on 07/24/07 from 5:00-7:00 PM there will be a community reception for Center for AIDS Prevention Studies (CAPS) at the SF AIDS Foundation.
  - ⇨ He explained that this reception is intended to promote collaboration between CAPS and community organizations who may be interested in research being conducted by CAPS.
- Frank Strona announced that the SFDPH STD Control and Prevention Section is launching the "*Dogs are Talking*", a syphilis prevention campaign on 07/18/07.
- Michelle Bakken distributed the flyer entitled, "*Marvelous Mondays!*" copies of which are available to absent members upon request. It announced the Transforming Justice program meetings on the first and third Monday of each month at their new address 1095 Market Street.
- John Newmeyer announced the publication of his new book The Mother of All Gateway Drugs, which he described as a polemic on the '*War on Drugs*.'
  - ⇨ He drew attendees' attention to Chapter 10 where he expresses his hope that SF can do as good a job in preventing the spread of Hepatitis C as it has done regarding HIV.
- Weihaur Lau announced that the Membership/Community Liaison Committee (MCLC) has started recruiting new members for HPPC's 2008 term.
  - ⇨ He noted that the gaps in representation are listed in the Co-Chair's report (see below).
  - ⇨ He also highlighted a correction to the Agenda, the MCLC will next meet on Tuesday 08/14/07 from 2:00 to 4:00 PM.
- Shane Anglin announced that this is his last meeting as he is moving to Portland.
  - ⇨ The attendees expressed their thanks for his participation in the Council with applause.
- Shane Anglin also announced that Bay Positives is looking for a certified Peer Educator and for a Youth Advocate who is HIV (+) and under 25 years of age.
- Tracey Packer announced that they are in the final stages of hiring a new director of the HIV Prevention Section (HPS).
- Tracey Packer also announced that the Transgender Resource And Neighborhood Space (TRANS) will continue to be funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) through SFDPH Community Behavioral Health Services.
  - ⇨ She noted that the HPS is developing the contract in collaboration with Community Behavioral Health Services. The contract will be managed by the HIV Prevention Section and the Asian and Pacific Islander Wellness Center will be the service provider for the first year, and that there will be a solicitation issued for future years.
  - ⇨ The HPS is putting together Memorandum of Understanding (MOU) for services to be provided.
- Gayle Burns announced that the Native American AIDS Project (NAAP) has moved to 1540 Market Street.

Gayle Burns pointed out that agenda item 7 would have a separate public comment section, and that it was incorrectly listed as #6 on the agenda document.

1. **Review and Approval of Minutes from 6/14/2007**

Motion was made and seconded to approve the minutes from the meeting 6/14/07. No discussion was offered. The vote was by roll call as follows.

Member	Vote	Member	Vote
Randy Allgaier	Yes	Tom Kennedy	Abstain
Shane Anglin	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Abstain
Jonathan Batiste	Yes	Tracey Packer	Yes
Bernie Berger	Abstain	Ken Pearce	Yes
William Bland	Yes	Perry Rhodes III	Yes
Gayle Burns	Yes	Jenny Lynn Sarmiento	Abstain
Edward Byrom	Yes	Chandra Sivakumar	Yes
Chadwick Campbell	Abstain	Gwen Smith	Yes
David Diaz	Yes	Frank Strona	Yes
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes		

The minutes were approved with 18 yes votes and five abstentions.

2. General Public Comment

Gayle Burns welcomed members of the public who had completed public comment forms.

- Susan Philip of the SFDPH STD Control and Prevention Section explained that they have been informed that funding for syphilis elimination from the CDC would be cut by $435K, or about 42%.
  - ⇨ This is a particular concern as regards HIV prevention as most syphilis cases in SF are among HIV (+) MSM.
  - ⇨ The STD Control and Prevention Section is taking measures to cut expenses to offset these cuts.
  - ⇨ Attendees wishing to express their concern should contact Frank Strona who will provide details of who to direct their comments to.
- Hank Wilson addressed the Council regarding providing incentives for HIV testing.
  - ⇨ He pointed out that in the past there have been times when incentives were offered.
  - ⇨ He cited his past experience as Outreach Manager at the Tenderloin AIDS Resource Center (TARC) in which he found that many of the people taking HIV tests would not have done so had it not been for the incentives offered.
    - Those incentives, he also noted, provided a needed cover for people taking the test.
    - Many people came from Bayview Hunter's Point neighborhood to TARC to take the test and used the incentive to lessen the stigma attached.
  - ⇨ He suggested incentives also provide an introduction to people who are otherwise not reached, letting them know that safe, confidential, harm reduction based services are available.
  - ⇨ He highlighted that since doing without the incentive there has been a drop off of contact within certain high-risk populations.
  - ⇨ He emphasized that when people know their status their behavior tends to be safer.
- Carolyn Hunt from CAPS distributed a document entitled, "*CAPS Quarterly Update*," copies of which are available to absent members upon request.
  - ⇨ She reiterated the invitation to the CAPS reception at the SF AIDS Foundation 07/24/07.

3. Members' Response to Public Comment
   - Frank Strona said that the STD Control and Prevention Section seeks a letter of support from the HPPC regarding the cuts in federal funding regarding syphilis prevention.
     - ⇨ The matter will be brought to the Steering Committee for consideration.
   - In response to Hank Wilson's comments Tracey Packer explained that in 2005 the HPS established a policy disallowing incentives for testing with DPH funds, for reasons including the following.
     - ⇨ There had been a large increase in "*known positives*" being tested due to incentives offered, which may misrepresent the number of new HIV infections.
       - This issue may be rectified once Names Reporting is implemented but does not address the issue regarding individuals who already know their HIV status, but test to receive the incentives from the agency.
     - ⇨ Incentives also created a competitive atmosphere between testing agencies, and programs with fewer resources found their budgets squeezed by this practice.
     - ⇨ Nonetheless she observed that valid issues have been raised and that the matter will be referred to HPPC for review.

4. HPPC Co-Chairs/Steering Committee Written Report

   Gayle Burns directed attendees' attention to the document entitled, "*Co-Chairs Report July 12, 2007,*" copies of which had been distributed to all members in advance of the meeting. No comments were offered. However, she asked members to submit any questions or comments they may have in writing to the Co-Chairs.

5. Cooperative Agreement Overview

   Gayle Burns introduced Israel Nieves-Rivera and Tracey Packer to conduct the presentation entitled, "*2008 Interim Progress Report,*" copies of which had been sent to all members in advance of the meeting. It was noted that an overview of the Interim Progress Report (IPR) entitled, "*CDC 2008 Interim Progress Report Narrative DRAFT,*" had been sent to all members the previous month. Additional comments included the following.
   - Annual review of the IPR is one of the most important tasks HPPC members perform.
   - Slide 4 – the letter of concurrence relates to the SFDPH's compliance with the SF HIV Prevention Plan 2004.
   - Slide 5 – a letter of "*concurrence with reservation*" or "*nonconcurrence*" is taken seriously and sparks an investigation from CDC.
   - Slide 6 – a survey sent to members to ensure they understood the indicators as reported in the IPR; 60% of members responded, and all of the questions offered were reviewed, clarification written, and attached to the Co-Chairs' written report.
     - ⇨ Members wishing additional clarification are asked to contact Tracey Packer, Israel Nieves-Rivera or the HPPC Co-Chairs for further explanation.
   - Slide 7 – the CDC 2008 Guidance for writing the IPR was received in early July and priority was given to ensure the draft IPR narrative was sent to members 07/09/07 to provide them with a month to review the document before voting on it at the 08/09/07 Council meeting.

- Slide 8 – A special meeting will be held on 08/01/07 (please note the changed date) to address members' questions about the 2008 IPR narrative.
- Tracey Packer underscored that new indicators won't be developed for 2008 as this is the final year of the five-year cycle.
  - ⇨ She noted that as a result of the preparation work, writing the 2008 IPR narrative has gone smoothly and quickly.
- Israel Nieves-Rivera reminded members that the goals were written in 2003 with the data that was available at the time, and aimed at projecting actions over five years.

No comments or questions were raised.

6. Committee/Workgroup Updates

Gayle Burns explained that other than the Health Related Absence Workgroup presentation, which includes motions to vote on, the other Committee presentations are mid-year updates. Members' questions and comments about the committee presentations should be submitted on the index cards, and will be addressed later.

Health Related Absence Workgroup

Perry Rhodes III and Randy Allgaier conducted the presentation entitled, "*Amendments to the HPPC Attendance Policy,*" and distributed the document entitled, "*(HPPC) Attendance Policy,*" highlighting the proposed policy changes. Copies of both documents had been sent to all members in advance of the meeting. Their additional comments included the following.

- Slide 4 – The workgroup explored allowing members to attend meetings by alternative methods, but found that such didn't comply with the SF Sunshine Ordinance requirements.
- The workgroup was unanimous in making the recommendation.

Attendees expressed their appreciation for the workgroup's work with applause.

Questions and Comments

- Tracey Packer observed that this group worked well and hard together on difficult issues and came up with an excellent attendance policy model for community planning groups that addresses everyone's concerns.
- Chandra Shivakumar asked about consecutive absences.
  - ⇨ It was explained that the proposed policy provides members with disabling conditions with two additional excused absences whether calculating consecutive or total absences.
- John Newmeyer said that this was the most humane, considerate, and well thought out attendance policy he has seen in his 12 years on the Council.
- Isela Gonzales expressed how pleased she was to see the recommendation come unanimously from the group, particularly as it has been such a divisive topic.
- William Bland asked about the term, "*Life circumstances*" as used in the draft.
  - ⇨ Perry Rhodes III explained that the group agreed that a broad, self identified definition of disability would be best, rather than the HPPC to make rulings, and/or require health professionals' certification of disabling conditions.
  - ⇨ Israel Nieves-Rivera added that reporting a disabling condition was agreed upon because a member's condition or circumstance may change in the course of the year.
- Ken Pearce asked if members need to identify which absence is due to the disabling condition.

- ⇨ Some discussion followed about the policy's wording, including that the provisions dealing with informing members about the policy should make the meaning clear.
- ⇨ It was explained that members wouldn't need to specify which absence is due to the disabling condition, rather the policy simply increases the total number of excused absences allowed.

- Bernie Berger asked, if approved, when the policy would go into effect.
  - ⇨ It was explained that the new policy would not be retroactive and that as per the HPPC's Policies and Procedures Manual, if approved, it would go into effect at the next regularly scheduled Council meeting, 08/09/07.

The question was called. No objections were raise to calling the question. A vote to close discussion was taken by roll call as follows.

Member	Vote	Member	Vote
Randy Allgaier	Yes	Tom Kennedy	Yes
Shane Anglin	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	Yes	Tracey Packer	Yes
Bernie Berger	Yes	Ken Pearce	Yes
William Bland	Yes	Perry Rhodes III	Yes
Gayle Burns	Yes	Jenny Lynn Sarmiento	Yes
Edward Byrom	Yes	Chandra Sivakumar	Yes
Chadwick Campbell	Yes	Gwen Smith	Yes
David Diaz	Yes	Frank Strona	Yes
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes		

The discussion was closed by unanimous consent.

The motion from the workgroup was re-read and vote was by roll call as follows.

Member	Vote	Member	Vote
Randy Allgaier	Yes	Tom Kennedy	Yes
Shane Anglin	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	Yes	Tracey Packer	Yes
Bernie Berger	Yes	Ken Pearce	Yes
William Bland	Yes	Perry Rhodes III	Yes
Gayle Burns	Yes	Jenny Lynn Sarmiento	Yes
Edward Byrom	Yes	Chandra Sivakumar	Yes
Chadwick Campbell	Yes	Gwen Smith	Yes
David Diaz	Yes	Frank Strona	Abstain
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes		

Motion passed with 22 yes votes and one abstention.

- ⇨ The result of the vote was met with applause.

Points of Integration

Committee Co-Chairs Edward Byrom from the HPPC and Susan Phillips from the Health Services Planning Council (HSPC, or CARE Council) conducted the presentation, "*Points of Integration Between Prevention & Care,*" copies of which were distributed to all members in advance of the meeting. Their additional comments included the following.

- Slide 3 – The Committee's work plan is available to members upon request.
- Slide 4 – The Committee will resubmit updated recommendations regarding late testers, similar to the preliminary one submitted last year.
- Slide 6 – Committee is in the process of reviewing Serosorting/Seroadaptation and all are welcome to it next meeting 08/06/07, 3:00-5:00 PM to discuss this topic.

Attendees expressed their appreciation for the presentation with applause.

Questions and Comments

- William Bland asked if the Best Practices would apply only to providers who work exclusively with Prevention With Positives (PWP), and who receive funding through that stream, or if it would include all providers working with HIV (+) people.
  - ⇨ Edward Byrom said that it would be for all service providers working with HIV (+) people, and will include a minimum service requirement component.
  - ⇨ Tracey Packer added that the SFDPH would try to apply the Best Practices in the broadest sense.
- Isela Gonzales asked about confirmatory Rapid Testing relating to late testers (Slide 5).
  - ⇨ Edward Byrom said that this will be in the Committee's recommendations later this year.

Substance Use Issues and Structural Solutions

Committee Co-Chairs Shane Anglin and Eiko Sugano conducted the presentation entitled, "*Substance Use Issues and Structural Solutions,*" copies of which had been sent to all members in advance of the meeting. Their additional comments included the following.

- Slide 3 – they have looked at data regarding alcohol and will be reviewing the available data on crack and poppers.
- Slide 4 – these definitions were adopted by the HPPC in 2006.
- Slide 5 – the Committee reviewed surveillance and counseling and testing data.
  - ⇨ They found that among MSM and MSM-IDU alcohol was the most commonly used drug.
- Slide 6 – although difficult to gather more data on substance users needs to be collected.
- Slide 6 - because alcohol use has been found to be the most common drug used, the Committee recommends a policy calling for access to condoms in all SF bars.
  - ⇨ Outreach workers have also found condoms weren't allowed in some bars.
- Slide 7 – IDUs who do not use needle exchange have limited access to harm reduction messages and/or HIV prevention messages, testing, and services.
- Slide 8 – Committee member Bernie Berger's name was accidentally omitted from this slide.

The attendees expressed their appreciation for the presentation with applause.

Questions and Comments

- In response to Frank Strona's question it was confirmed that as a structural solution, the concept would be to have the California Department of Alcohol Beverage Control (ABC) require bars to have condoms as a eligibility for new or renewal of a Liquor License. The item of having information added is being discussed and considered.

- Isela Gonzales asked if literature was reviewed about the means of transmission for MSM IDU: the injection of drugs or the resulting sexual behavior.
  - ⇨ Eiko Sugano said that needle exchange could be about more than just exchanging needles and might also be a means of distributing health information.
- Jonathan Batiste suggested talking with the Stop AIDS Program as they know the issues regarding condoms distribution especially in Castro bars.
- Dee Hampton suggested reaching the substance using population in ways other than needle exchange, including other parts of the healthcare system.
  - ⇨ Emalie Huriaux explained that the Committee is looking at structural changes with wider reaches than interventions offered by a single agency, and those will be in the Committee's recommendations to the Council.
    - She added that there is a lot of secondary needle exchange going on and the end users aren't necessarily being reached by prevention messages or services.
  - ⇨ Pauli Gray, Committee Community Member, added that needle exchange doesn't reach a lot of substance users, and so neither does HIV services such as testing and counseling.
- Colin Partridge asked about the source for data used by the Committee.
  - ⇨ Eiko Sugano said that it is largely from the consensus data and counseling and testing.
- Colin Partridge pointed out that there has recently been an increase in Meth use among delivering woman which wouldn't as yet show in counseling and testing data.
- Tracey Packer observed that although the HPPC has been talking about structural change for several years, they are a new and different way of looking at interventions. This is one of the reasons this mid-year update was called for was to get members thinking about broader, structural intervention strategies.
  - ⇨ Eiko Sugano added that rather than looking at individual BRPs structural interventions may reach wider populations.

Ju Lei Kelly noted that the next Committee meeting will be on 08/02/07.

7. <u>Social Marketing As A Prevention Intervention</u>

Tracey Packer provided background and conducted the presentation entitled, "*Social Marketing as an Intervention Role of the HIV Prevention Planning Council,*" copies of which were provided to all members in advance of the meeting. Her additional comments included the following.

- This topic was raised during public comment;
- The Steering Committee decided to have a discussion on social marketing as a prevention intervention
- <u>Slide 2</u> - CDC Guidance 2003 for Community Planning Groups (CPG) related to the role of community planning groups, setting priorities for populations and interventions. Thus, the HPPC role is reviewing social marketing as an HIV prevention intervention.
  - ⇨ HPPC's role is to set HIV prevention priorities for Behavioral Risk Populations and interventions in SF.
- She explained that at this meeting Sheoran Bhupendra, an expert in social marketing and identified through the Capacity Building Assistance service of CDC, has been invited to address the Council with the objective helping members determine the role social marketing will play in the HIV Prevention Plan 2009.

- ⇨ The Council's discussion will be transferred to, and the topic taken up by, next year's Strategies and Interventions Committee which will be working on the 2009 Plan.

Tracey Packer introduced Sheoran Bhupendra, Community Development Division Manager of the Asian & Pacific Islander Wellness Center (APIWC). She thanked the APIWC for its help, noting the many times the HPPC has had assistance from their community capacity building program.

Sheoran Bhupendra conducted the presentation entitled, "*Social Marketing Fighting HIV/AIDS-related Stigma,*" and distributed folders entitled, "*The Banyan Tree Project,*" copies of both are available to absent members upon request. His additional comments included the following.

- Slide 3 – the four P's are used commercial marketing and require some translation when applied to social marketing as used in HIV prevention, where:
  - ⇨ Product is a service or behavior we wish to impact,
  - ⇨ Price is generally the time people have had to expend to get the service,
  - ⇨ Place relates to where the service is available, and
  - ⇨ Promotion relates to various media and community events.
- Slide 4 – planning involves focused, pre-testing research of the at-risk population.
- Slide 6 – the example cited, the Banyan Tree Project (BTP) campaign, included:
  - ⇨ Public Service Announcement (PSA) media placements, including free PSAs (pro bono);
  - ⇨ Community events;
  - ⇨ Media releases; and
  - ⇨ Collateral materials, including give-away materials.
- Slide 11 – the evaluation was limited by constrained resources, but the project survey's respondents correspond to the impacted populations.
- Slide 15 – shows significant decrease in stigma among people exposed to BTP, demonstrating the effectiveness of the social marketing it employed.
- Slide 18 – the BTP performed regression analysis and controlled for LGBT and known association with HIV (+) people to evaluate the results of the social marketing campaign.

Questions and Comments

- Ken Pearce asked how to deal with messages that stigmatize, are discourteous, or disrespectful of all or part of the target population, even if the campaign is effective.
  - ⇨ Sheoran Bhupendra indicated that such a campaign would not be a good campaign as it has unintended negative consequences.
  - ⇨ He added that any campaign must be pre-tested with the target group to ensure it is appropriate, does it offend or stigmatize, and is effective.
- Tom Kennedy noted that almost all campaigns offend some portion of the population.
  - ⇨ Sheoran Bhupendra agreed that some controversy may be inevitable, but cautioned that a good social marketing campaign should not stigmatize people.
- John Newmeyer asked about the large number of participants identifying as bisexual.
  - ⇨ Sheoran Bhupendra responded that a lot of surveys were collected at events that would bias the results toward heterosexual and bisexual identification.
- Colin Partridge asked about the available data on the cost-effectiveness of HIV prevention social marketing interventions.

- ⇨ Sheoran Bhupendra said that there was data on the cost-effectiveness of such marketing, including a condom social marketing campaign study conducted in Africa.

- Ken Pearce asked how to balance the criticism of one part of a community who asserts a campaign is stigmatizing, versus the end result, or effectiveness, of a campaign.
  - ⇨ Sheoran Bhupendra said that this is a very delicate issue and in public health we tend to favor the benefit delivered to the larger population, but within certain boundaries of cultural appropriateness.
  - ⇨ To determine if the element that some have criticized is essential to the campaign, he suggested testing parallel campaigns; although this could be expensive.
- Tracey Packer highlighted that this is an opportunity to discuss the approach the 2009 HIV Prevention Plan takes regarding social marketing and the balance Ken Pearce asked about.
  - ⇨ She cited the example of a campaign focused on young non-gay identified African American MSM which used a word that people felt uncomfortable with.
    - The marketing tested well, and the target population indicated it would be an effective campaign.
    - It also offended some people; although generally not people in the focus population.
  - ⇨ Sheoran Bhupendra explained that this is called the "*spillover effect*" which results from media reaching beyond the target population.
  - ⇨ He noted that it is rare for a campaign to be without spillover, which is usually where criticism comes from.
  - ⇨ While some criticism requiring explanation to the spillover population may be called for, if the pre-testing research is sound the criticism should not stop a campaign
- Randy Allgaier asked if there is any data about the effectiveness of a campaign that is shocking or controversial compared to more subtle, non-controversial, campaigns.
  - ⇨ Sheoran Bhupendra said that he was not aware of any.
- Frank Strona suggested that the 2009 Plan recommend that the hosting organizations publicly disclose who the campaign is intended to reach.
  - ⇨ He added that with shrinking resources some campaigns will of necessity exclude, be misunderstood by, or even offend some spillover populations.
  - ⇨ Sheoran Bhupendra suggested getting advance buy-in from the stakeholders that there may be spillover to a given campaign.
- Isela Gonzales asked how to determine the best use the limited marketing resources; i.e., PSAs, events, advertising, etc.
  - ⇨ Sheoran Bhupendra said that there is no magic formula for that other than to identify the key target population and research on how to reach them.
- Colin Partridge noted that several years ago the HPPC discussed cost efficacy as part of strategic evaluation; but the primary question is how to produce campaigns that create behavioral changes.
  - ⇨ Sheoran Bhupendra said that this is the challenge; and stressed the importance of in-depth consumer research.
- Colin Partridge suggested the 2009 Plan support preliminary pre-testing research.
  - ⇨ Sheoran Bhupendra suggested that both research and marketing need to be supported.

- Tracey Packer suggested that the 2009 Plan could recommend formative research to determine if social marketing is the best intervention; and that it could also discuss pre-testing to ensure whatever marketing is done is effective.
- Colin Partridge suggested that formative research include identifying the best way to structure messages to a focus population; i.e., supportive, punitive, exhortative, etc.
- Israel Nieves-Rivera noted that the Plan has much more detail than provided in the presentation, that only the headings of sections were included.
- Tracey Packer asked about the difference between social marketing to promote a program or service, as opposed to a campaign intended to change behavior.
  - ⇨ Sheoran Bhupendra responded that social marketing is a methodology with specific steps whereas promotional campaigns are not as structured.
  - ⇨ He added that what is appropriate is dependant on the target population's need; i.e. for information about or to create demand for a product, program, or behavior.
- Chandra Shivakumar noted that there are organizations that help agencies develop social marketing campaigns, including California AIDS Clearing House.
- Ken Pearce asked how to have confidence that the pre-testing has identified what part of a target population might be offended or stigmatized by a campaign.
  - ⇨ Sheoran Bhupendra said that this should be addressed by determining who you do pre-testing with, and how it is done.
    - The pre-testing population should be representative of the whole target population, and the larger the number the more robust the results.
    - Pre-testing should include methodology such as focus groups so that the whole of the target group's reaction can be looked at, not just one or two people's view.
  - ⇨ He added that sensitivity is nonetheless required.
- Tom Kennedy said that when the focus is Gay/MSM part of the problem is that there is no single monolithic perspective, rather there are many divergent views within that community.
  - ⇨ He added that it is difficult to target HIV (-) men without offending the positive men.
  - ⇨ He suggested pre-testing campaigns with the likely spillover population(s).
- Tom Kennedy recommended that the 2009 Plan include an acknowledgement that there is controversy about social marketing, and this is how the SF HPPC is dealing with it.
- Sheoran Bhupendra suggested that when doing market segmentation it should be clear who will be a spillover group, and to be sure to include them in the pre-testing.
- Frank Strona suggested the 2009 Plan include provisions for adequate pre-testing such as:
  - ⇨ Specifying a specific portion of any campaign be used for pre-testing;
  - ⇨ Requiring focus groups at different points in a campaign's development;
  - ⇨ Ensuring proposals include the administrative costs of pre-testing; and/or
  - ⇨ Including the entire process' cost in any proposed social marketing campaign.
    - He noted that sometimes the information gathered is useful in future campaigns.
- Gayle Burns noted the effectiveness of Kaiser's "Thrive" social marketing program.
- Chadwick Campbell noted that he found the "*Homoboy*" campaign offensive and that young gay men don't need more negative stereotypical portrayals of themselves.
  - ⇨ He added that there needs to be a balance between effectively reaching a group and being responsible for the image that is projected about that population.

- ⇨ Sheoran Bhupendra said that it is important that a message address a lifestyle as opposed to a negative stereotype.

- Shane Anglin asked about maintaining an effective campaign if a sponsor is defunded.
  - ⇨ Sheoran Bhupendra suggested that the best way to ensure continued funding is to demonstrate that a campaign is effective.

Tracey Packer summarized that social marketing efforts should put emphasis, and resources, into field and pre-testing. That while the current Plan requires pre-testing, it has been suggested that the 2009 Plan needs to ensure that testing gets a sufficient level of attention, including testing among potential spillover groups and perhaps include field testing standards. She added that this will be sent to next year's Strategies and Interventions Committee for review and to generate specific recommendations.

The attendees expressed their appreciation for the presentation with applause.

8. **Summary, Evaluation, and Closure of Meeting**
   Gayle Burns reminded members to fill-out their evaluation forms. She also thanked all those who participated in the presentations and execution of the meeting.

9. **Adjournment**
   The meeting adjourned at 5:58 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Eileen Loughran, Israel Nieves-Rivera and Tracey Packer.

The next HPPC business meeting will be Thursday, August 9, 2007
at the Quaker Meeting House – 65 Ninth Avenue, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, August 9, 2007
3:00-6:00 pm

Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

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Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, Announcements, Agenda Changes**	**Tracey Packer**
3:10 pm	**1. Review and Approval of Minutes from 7/12/2007** (Action item/ Vote) Objective: To discuss and approve the minutes from the most recent council meeting.	**Tracey Packer**
3:15 pm	**2. General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**Tracey Packer**
3:25 pm	**3. Member Response to Public Comment** Objective: To allow Council members to briefly respond to comments made by community members	**Tracey Packer**
3:30 pm	**4. HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section.	**Tracey Packer**
3:40 pm	**5. 2008 Interim Progress Report (IPR)** (*Action item/Vote)* Objective: To discuss the IPR application to the Centers for Disease Control (CDC) & Prevention for prevention funding and approve a letter of concurrence stating that it matches the 2004 HIV Prevention Plan.	**Israel Nieves-Rivera & Tracey Packer**
4:10 pm	**BREAK**	**All**
4:25 pm	**6. Show Me The Data Committee Report** Objective: To provide HPPC members with a mid year update on the work of this committee.	**Show Me The Data Committee**
	4:25-4:35 Background *(Information Item)* Objective: To give Council members an overview of the history of the Priority Setting Model.	**Tracey Packer**
	4:35-4:55 Overview of SMTD's Work *(Information item)* Objective: To ensure Council members understand the committee's reasoning behind the proposed BRP model.	**Isela Gonzalez & David Gonzalez**
	4:55-5:50 Discussion Objective: To give Council members an opportunity to discuss concerns and ask questions about the proposed Priority Setting Model.	**All**
5:50 pm	**7. Summary, Evaluation, and Closure of Meeting**	**Tracey Packer**
6:00 pm	**8. Adjournment**	

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments. Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

UPCOMING HPPC MEETINGS:

Membership/Community Liaison Committee: August 13, 2:00-5:00 PM, 25 Van Ness
Points of Integration Between Prevention & CARE: August 6 & September 10, 3:00-5:00 PM
Pre-HIV Prevention Plan Committee: Aug 2 & Sept 6, 2:30-4:30 pm, 25 Van Ness Ave
Steering: August 23 & September 27, 3:00-5:00 PM, 25 Van Ness Ave
Substance Use Issues & Structural Solutions: Aug 2 & Sept 6, 3:00-5:00 PM, 25 Van Ness
Full Council: Thursday, September 13, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

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HIV PREVENTION PLANNING COUNCIL (HPPC)

Minutes

August 9, 2007

The next HPPC business meeting will be held on Thursday, **September 13, 2007**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St., San Francisco

HPPC Members Present:
Randy Allgaier
Michelle Bakken
Jonathan Batiste
Bernie Berger
William Bland
Gayle Burns
Chadwick Campbell
Michael Discepola
Isela Gonzalez
Tom Kennedy
Weihaur Lau
John Newmeyer
Tei Okamoto
Tracey Packer
Ken Pearce
Perry Rhodes III
Chandra Sivakumar
Gwen Smith
Frank Strona
Eiko Sugano
Abbie Zimmerman

Members Absent:
Edward Byrom*
David Diaz*
Dee Hampton*
Colin Partridge, Emeritus*
Gail Sanabria*
Jenny Lynn Sarmiento*
Janay Washington, Emeritus
Rakli Wilburn
Luke Woodward*
* These members informed the Chair in advance of their absences.

HIV Prevention Section:
Vincent Fuqua
Guillermo Gonzalez
Eileen Loughran
Ju Lei Kelly
Lisa Reyes
Israel Nieves-Rivera
Michael Paquette
Jenna Rapues

Guests:
Ben Hayes, Black Coalition on AIDS
Ken Katz, SFDPH, STD Prevention & Control Section
Alex Kral, Urban Health Program, RTI International
Lydia Marque, Tenderloin Health Project
Rachel Scott, Promotions West
Phu Tran, Asian American Recovery Services
Mark Utterback, Stop AIDS Project

Harder + Co.:
Aimee Crisostomo
Janise Kim
Willow Schrager
David Weinman (Note-taker)

Process Evaluation Team:
Kathleen Roe

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Welcome, Introductions, and Announcements

Co-Chair Tracey Packer called the meeting to order at 3:06 PM. She explained that the three Co-Chairs rotate facilitation responsibilities. She then asked attendees to introduce themselves and for members to make relevant announcements.

- Tracey Packer announced that this will be Abbie Zimmerman's last meeting as a Council member, although she will try to continue participating on the SUISS Committee.
- Tracey Packer then announced that this would be Ju Lei Kelly's last meeting as she is returning to school.
- Tracey Packer thanked Jenna Rapues who took care of organizing the meeting as Betty Chan Lew's backup.

The attendees expressed their appreciation and thanks to Abbie Zimmerman, Ju Lei Kelly and Jenna Rapues with applause.

- In response to a written question, Tracey Packer explained that the Steering Committee is working on the Parking Lot items, including inviting Gavin Morrow-Hall to update work being done on an HIV vaccine.

- Attendees joined Gayle Burns in acknowledging the excellent work Tracey Packer has done as the Interim Director of the HPS with applause.

Tracey Packer explained that the meeting would focus on the Interim Progress Report (IPR) as well as a mid-year report from the Show Me the Data Committee.

1. **Review and Approval of Minutes from 7/12/2007**

Motion was made and seconded to approve the minutes from the meeting 7/12/07. No discussion was offered. The vote was by roll call as follows.

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	Jahn Newmeyer	not present
Janathan Batiste	Yes	Tei Okamata	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhades III	Yes
Chadwick Campbell	Yes	Chandra Sivakumar	Yes
Michael Discepala	Abstain	Gwen Smith	Yes
Isela Ganzalez	Yes	Frank Strana	Yes
Tam Kennedy	Yes	Eiko Sugana	Yes
		Abbie Zimmerman	Abstain

The minutes were approved with 18 yes votes and two (2) abstentions.

2. **General Public Comment**

Tracey Packer welcomed members of the public who had completed public comment forms.

- David Weinman, speaking as a community member (not in his capacity as note taker) drew attention to an articled in the Bay Area Reporter of 7/26/07 entitled, "*City's HIV epidemic said to be over*," copies of which he made available. His comments included the following.
  - ⇨ The Council should ask itself what a headline like this does to prevention efforts in SF.
  - ⇨ He noted that he had been a member the Council's 2006 San Francisco Leadership Initiative (SFLI), which was formed in part as a mechanism to respond to developments unforeseen by the HIV Prevention Plan; i.e., the Advancing HIV Prevention Initiative.
  - ⇨ He suggested that misleading media reports need to be responded to in some way and that the HPPC needs a rapid response mechanism, perhaps through reactivation of SFLI.
  - ⇨ He described the content of the article – which asserted HIV is now endemic among MSM in SF as opposed to epidemic as being, "*A distinction without a difference.*"
- Rachel Scott, from Promotions West, distributed promotional material regarding the "*Dogs Are Talking,*" campaign urging gay and bisexual men to get tested for syphilis as part of routine medical care. Her comments included the following.
  - ⇨ This is a new social marketing campaign she has been working of with people from the SFDPH STD Prevention and Control Section, including HPPC member Frank Strona.
  - ⇨ She explained that they are using dogs in the campaign because people are very responsive to dogs, particularly as compared to campaigns with gloom and doom. Moreover, people tend to take good care of their dogs' health, and they wanted to encourage people to take equally good care of their own health.

- ⇨ For more information people can go to the website: www.DogsAreTalking.com, send an email to: Info@dogsaretalking.com, or contact Frank Strona.
- ⇨ She noted that, in response to community input, the campaign uses a small poster size so as not to take up too much window display space.

- Phu Tran, from the Asian American Recovery Services, distributed a flyer announcing a new program entitled, "*Program 3-3-3.*" His comments included the following.
  - ⇨ "3-3-3" stands for:
    - Three ethnicities -- Chinese, Filipino, and Vietnamese;
    - Three counties -- San Francisco, San Mateo, and Santa Clara;
    - And three health conditions -- HIV/AIDS, Hepatitis-C (HCV), and substance abuse.
  - ⇨ The program is focused on MSM, people using substances, and the reentry populations.
  - ⇨ They are doing HIV/AIDS and HCV screening, motivational workshops, and skill building.
  - ⇨ They will also be doing capacity building for health and social services organizations, regarding how to be more culturally appropriate with the focus populations.
  - ⇨ The program kicks off with a social event 8/21/07.
  - ⇨ Interested people should be referred to Phu Tran at 415-776-1001, ext 25 phultran@aaars-inc.org.

3. Members' Response to Public Comment
   - Gayle Burns agreed that misleading media reports is a big issue that the Council needs to find a way to respond quickly to.
   - Ken Pearce said that the BAR article came up at the CARE Council.
     - ⇨ That Council observed that once something like this comes to the group's attention, a response is drafted, and the whole Council votes on the issue, and by that point, it is usually no longer newsworthy; and they don't believe that it would be wise to bring it up again.
     - ⇨ The proposal before the CARE Council is to empower the Co-Chairs, with the support of professional staff, to respond to controversial media issues.
     - ⇨ He suggested the HPPC adopt something similar.
   - Isela Gonzalez pointed out that this was not the first such misleading reporting this year.
   - Frank Strona noted that a couple of years ago, in response to the alleged "*Super-Infection*" report from New York, the HPPC discussed rapid response to media reports.
   - Tracey explained that the HPPC has a policy in place for rapid response.
     - ⇨ She suggested the Co-Chairs review the policy and discuss this issue at their next meeting.
   - Tracey also Packer suggested that individuals could respond directly to inaccuracies they see in the media.
   - Randy Allgaier noted that there were several responses to the article in the next edition of the BAR, and questioned if the HPPC want to extend the news-cycle of the item.
   - William Bland questioned if the HPPC has a role in responding to the media, and questioned if this shouldn't be the SFDPH's role.
     - ⇨ He added that it may be more appropriate for individuals to respond than to have the Council take a stand.

- ⇨ Tracey Packer explained that the Council's role is to set prevention priorities for SF, and responding to such media reports seems appropriate to that role.
- William Bland then questioned if people should identify themselves as Council members when responding to media reports they question.
  - ⇨ Tracey Packer explained that people can not speak for the Council unless there is a vote.
- Ken Pearce suggested that an expression from the Council would carry much more weight than that of an individual.
  - ⇨ He added that we wouldn't want the HPPC, or the HPS staff placed into a position of being caught in the middle of a controversy.
- Tracey Packer noted that that SFDPH hasn't taken a position on the issue of epidemic or endemic designation other than that more data is needed.
  - ⇨ She added we have scheduled a presentation for November from Willi McFarland, Director of HIV/AIDS Statistics, on the issue of endemic/epidemic.
- William Bland noted that the epidemic versus endemic issue was discussed by Council and it was referred to committee for clarification.
- Michael Discepola added that he has been aware of this being discussed in several circles within the prevention community, and that it is a valid topic of discussion.

Tracey Packer indicated that the action is for the Steering to address this issue, clarify what the policy is, and recommend what, if any, response the Council may have.

4. HPPC Co-Chairs/Steering Committee Written Report

Tracey Packer directed attendees' attention to the document entitled, "*Co-Chairs Report August 9, 2007,*" copies of which had been distributed to all members in advance of the meeting. No comments or questions were raised.

Media Coverage: Needle Exchange

Tracey Packer then explained that the Council shouldn't, and wouldn't want to, respond to all controversial or inaccurate stories in the media. Recent coverage in the SF Chronicle, however, about syringes in Golden Gate Park is alarming and needs this body's consideration. She provided some framework on this issue including the following.

- Recent articles would lead one to believe that thousands of needles have been found; which is not, in fact, the case.
- The coverage seems to be moving from discussion of the finding of syringes in the park to questioning needle exchange programs; including a Chronicle editorial on 08/08/07.
- She is responding to this editorial stand by explaining that needle exchange is the solution to serious health problems.
- Generally people in the community and media are not familiar with the issues surrounding needle exchange.
- Council members may wish to be involved in explaining the program and perhaps advocating for expansion to include things such as drop-boxes in the park and elsewhere.
- The SF Health Commission has publicly stated that needle exchange saves lives and prevents new infections.
- Emalie Huriaux, Lisa Reyes and John Pabustan from the HPS did a site assessment on 08/07/07. While there, they talked with both Injection Drug Users (IDU) and outreach

workers. They also scouted appropriate places for syringe/bio-hazard waste facilities. The HPS staff reported:

- ⇨ They did not find any discarded syringes.
- ⇨ The people they talked with told them that they pick up found syringes and encourage others to do likewise, and expressed the desire to keep the park clean and safe.
- ⇨ People suggested the SFDPH issue flyers urging people to clean up their syringes.

- Those programs funded by the HPS also do clean up before and after distribution of new syringes, and the SFDPH also provides syringe clean-up services.
- Discussion is also ongoing with the Departments of Recreation and Public Works to find cooperative ways to address syringe disposal.
- This is an area in which people could have a real impact by writing to editors and offering editorials to local media.
- The SF Chronicle will most likely continue its coverage and the issue has the potential to be a national story – noting that she has been interviewed by Fox News.
  - ⇨ Her catchphrase has been, "*Discarded syringes are a problem, needle exchange is a solution.*"

Discussion and comment followed, including the following.

- Ken Pearce questioned if the re-capable or retractable syringes might be a way of mitigating the danger of discarded syringes.
  - ⇨ Tracey Packer explained retractable needles are not a good solution for a number of reasons and that there have been studies showing reduced use by the IDUs.
- The Chair called upon Alex Kral for his expert opinion. His comments included the following.
  - ⇨ There has been a lot of research work done on the retractable syringe.
  - ⇨ It has been demonstrated that they would not be as widely accepted among IDU and/or could be more dangerous as users try to bypass the safety features.
  - ⇨ The retractable syringe also cost five to ten times more than a regular syringe, and due to the functionality difficulties there would need to be about three times as many distributed for similar coverage; increasing the total cost by about 25 times.
- Ken Pearce then asked about capable as opposed to retractable syringes.
  - ⇨ Tracey Packer said that all options should be, and are being, looked at.

Director of the HPS

Tracey Packer announced that on 08/13/07 the SFDPH will name the new Director of HPS. An email will be sent to members of the HPPC shortly after the announcement.

- Tom Kennedy asked if Tracey Packer will continue as the HPPC's government Co-Chair.
  - ⇨ Tracey Packer explained that she probably would, at least through the end of the year.
  - ⇨ She added that the HPPC bylaws do not require the Director to serve as Co-Chair.

Other

Tracey Packer drew members' attention to the table at the end of the Co-Chairs' report reviewing written questions from the 07/12/07 Council meeting as well as action being taken.

5. **2008 Interim Progress Report (IPR)**

Tracey Packer provided background on the IPR. Each year the CDC requires SF to submit a request for continued federal funding in the form of the IPR, which describes what was done in

the first half of the year and what is planned for the next year. The HPPC issues a letter to the CDC stating whether what is reported in the IPR reflects what is in the HIV Prevention Plan (a letter of concurrence, non-concurrence, or concurrence with reservation). This is one of the most important tasks the Council performs each year.

She then introduced Israel Nieves-Rivera to conduct the presentation entitled, "*2008 Interim Progress Report Review of Narrative and Budget Summary,*" copies of which were distributed to all members in advance of the meeting. His additional comments included the following.

- Slide 6 – This narrative was reviewed and approved by the Steering Committee.
- Slide 8 – SF always highlights how it handles linkage as part of Counseling, Testing, and Referral Services (CTRS).
- Slide 9 – San Francisco does not have a joint prevention/care Council and/or Plan.
- Slide 11 – Health Education and Risk Reduction (HERR) includes what SF is doing regarding Prevention with Positives (PwP).
- Slide 13 – This budget summary was also reviewed and approved by the Steering Committee.
- Slide 14 – The funds provided, "*through the General Fund*" refers to the SF General Fund.
- Slide 17 – TA (Technical Assistance) referred to is technical assistance to the HPPC.
- Slide 18 – SF uses it funding from CDC for most administrative costs so that State and SF funding can go exclusively to services.
- Slide 19 – An overview of functions covered by the Administrative expenses include: work with and for the Community Planning; Condom Availability program; working with School Health Departments; Health Education provided (other than as relates to the HPPC), the Counseling and Testing staff; Quality Assurance; Training; Organizational Support; all of the Program Managers (not just when doing contract administration); work with advisory councils (such as the Transgender Advisory Council, the Needle Exchange, the Youth Outreach, the Prevention Case Managers, and the Outreach Workers Working Groups; and the services members do not see such as accounting, invoicing, and payroll; and others.

The attendees expressed appreciation for Israel Nieves-Rivera's presentation with applause.

Questions and Comments

- In response to Ken Pearce question, Israel Nieves-Rivera confirmed that 76% of the total funding goes to services and 24% of total funding goes to administrative costs.
- Ken Pearce then asked what percentage of staff expense is for employee benefits.
  - ⇨ He noted that taking the total payroll expense and dividing it by the number of employees one would (and some have) gotten the mistaken idea of the average salary.
    - He added that media distortions earlier this year about HPS staff salary is cleared up when considering the costs of employee benefits.
  - ⇨ Israel Nieves-Rivera said that the City's standard for benefits is about 29%; which includes health insurance, retirement, and other employee benefits.
  - ⇨ Tracey Packer added that the cost of the benefit package goes up each year which presents a challenge when budgeting.
- Randy Allgaier noted that federal funding for the CARE Council caps administration costs at 10%, and asked if the CDC has a cap on the HPS' administrative costs.
  - ⇨ Israel Nieves-Rivera and Tracey Packer explained this is negotiated with the CDC, with a current limit of 16% for salaries, but there is no cap on total administrative costs.

- ⇨ Tracey Packer pointed out that the administration relating to the CARE Council is limited to contract administration; whereas the HPS has greater latitude to cover other things aside from contracts.

- Jonathan Batiste thanked Israel Nieves-Rivera for the concise presentation.
  - ⇨ He added that this is the first time he has been able to see how the process works from the CDC to the service provider/contractor.
- Michael Discepola asked what part of the CDC funding goes to directly funded programs.
  - ⇨ Israel Nieves-Rivera explained that programs directly funded by the CDC are not part of this appropriation, that the HPS/HPPC is not involved with those funds.
- Michael Discepola suggested that members should be aware that more comes into SF for prevention that what is discussed in the IPR.
  - ⇨ Israel Nieves-Rivera agreed, noting that there is a lot of great research, demonstration projects, and other things that have impact on prevention but that are not funded through prevention sources form HPS.
  - ⇨ Tracey Packer suggested that as part of its view of prevention in SF those other activities be considered in the HPPC work on strategies and interventions next year.
  - ⇨ She added that SF should have better coordination between CDC directly funded and the Council, including continuing the practice of having presentations to the Council from directly funded organizations.
- Israel Nieves-Rivera pointed out that the chart of interventions in 2007 mirrors what will be done in 2008.

The Chair called for a motion to approve a "Letter of Concurrence" to accompany the 2007 IPR. That motion was made and seconded. There was no additional discussion. The vote was by roll call as follows.

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	Yes	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Yes
Chadwick Campbell	Yes	Chandra Sivakumar	Yes
Michael Discepola	Yes	Gwen Smith	Yes
Isela Gonzalez	Yes	Frank Strona	Yes
Tom Kennedy	Yes	Eiko Sugano	Yes
		Abbie Zimmerman	Yes

The motion was approved unanimously.

- ⇨ The result of the vote was met with applause.

Tracey Packer suggested that the Council should be proud of the strong relationship between the HPPC and the SFDPH/HPS, which is a result of a lot of hard work and dedication.

- ⇨ Tracey Packer's comments were met with applause.

6. Show Me The Data Committee Report

Tracey Packer explained that the Council decided to have mid-year reports from the Committees on the work they are doing. She then introduced Committee Co-Chair Isela Gonzalez, and Committee Community Member David Gonzales. They conducted the presentation entitled, "*Show Me the Data! Getting Ready for San Francisco's Next HIV Prevention Plan,*" copies of which were distributed to members in advance of the meeting.

- Isela Gonzalez noted that Tei Okamoto is the new Co-Chair of the Committee and highlighted the contribution of the Committee's other Co-Chair, Thomas Ganger.

Background: History of Priority Setting In SF

Tracey Packer conducted this portion of the presentation.

- Slide 5 – The HPPC sets resource allocation recommendations, although not part of the CDC's requirement for this Community Planning body.
- Slide 6 – The HPPC ensures the resource allocation corresponds to the epidemic in SF.
- Slide 7 – SF's Priority Setting (PS) model was innovative from its inception with categories of Behavioral Risk Populations (BRPs), rather than by the way people identify themselves.
- Slide 8 – Subpopulations are defined as groups having 8% seroprevalence within a BRP.
  - ⇨ Subpopulations are important because not all groups within a BRP is at equal risk.
  - ⇨ BRPs and tiers are science driven and based on epidemiological data.

Overview of Show Me The Data"s Work

David Gonzalez and Isela Gonzalez conducted this portion of the presentation.

- Slide 9 – There are limitations to consensus data, including the lack of information on several groups.
- Slide 11 – Dynamic refers to flexibility and ability to change.

The Committee distributed a draft document entitled, "*... OUR PROPOSED PRIORITY SETTING MODEL,*" copies of which are available to absent members upon request.

- Slide 16 – Referencing the proposed PS model:
  - ⇨ In BRPs 1 and 2 Sexual behavior is primary and IDU behavior is secondary; and
  - ⇨ In BRPs 3 and 4 IDU behavior is primary with sexual behavior secondary.
- Slide 17 – The proposed model does not take IDU out of the PS model.
  - ⇨ The proposal does not eliminate needle exchange, or take it out of the Plan.
- Slide 19 – Additional populations of interest are included as "To Be Determined."
- Slide 20 – The BRPs have not as yet been organized into Tiers.

Discussion

Frank Strona facilitated the discussion section of the presentation. His opening remarks included the following.

- ⇨ The Committee has, through a lot of discussion and hard work, attempted to look at the PS model and its components in new ways.
- ⇨ Council members were encouraged to provide their perspective, including those things in which there is agreement, as well as those which cause concern.
- ⇨ Members were asked to provide their written comment on each of the fundamental changes in the PS model over past years.

- ⇨ Index cards were distributed so that members not comfortable sharing their comments at the meeting could still have access to the process.
- John Newmeyer wanted to ensure that members understand that the PS model recognizes the significant role substance use play in all BRPs, including exacerbating the risk of transmission due to the resulting sexual behavior or the direct use of the substance.

The members then broke into smaller groups and entered their comments on flipcharts.

Review of Group Discussions

Isela Gonzalez thanked Aimee Crisostomo and Willow Schrager, consultants to the HPPC from Harder & Company, for the help they provided to the Committee.

- ⇨ The attendees expressed their appreciation with applause.

Frank Strona and David Gonzalez reviewed the points noted during group discussion, including the following, by topic.

Four BRPs Instead of Eight BRPs

- The Substance Use Issues and Structural Solutions (SUISS) Committee has discussed and is exploring ensuring there are services for IDU beyond overdose services and needle exchange, to include all around health services, and HIV prevention services.
- Concern that this approach could risk defunding IDU services.
- Seeing substance use as a cofactor for HIV transmission strengthens collaboration.
- How to deal with Transmen (FTM), especially MSM or gay identified Transmen?

Other, verbal, comments offered included the following.

- Gayle Burns suggested there is a need for more data on FTM risk.
- Ken Pearce noted that there seems to be pendulum effect as to which is better: focusing on a few large at-risk groups, or several smaller at-risk groups.
  - ⇨ He asked if putting so many groups into four BRPs makes focusing on issues specific to small subpopulations difficult.

Narrative Descriptions Of High-Risk Behaviors For Transmission of HIV Within Each BRP

- The text about alcohol and drugs should include poppers
- Could each narrative be formatted more graphically such as in an outline or bullet points.
- Narrative may be too focused on behavior and not enough on structural co-factors such as: phobias, classism, racism, etc.
- The text seems very dense and/or "turgid" (ostentatiously lofty in style).

Other, verbal, comments offered included the following.

- Jonathan Batiste questioned the text including unprotected receptive anal intercourse (URAI) with someone who is unaware of their serostatus however it does not include URAI with someone who is aware of their status but where there is no disclosure.
  - ⇨ He also suggested that cofactors, including substance use, often impair disclosure.
  - ⇨ Frank Strona and Israel Nieves-Rivera explained the assumptions in the narrative is that most transmission comes from HIV(+) people unaware of their serostatus.
  - ⇨ Tracey Packer suggested that the feedback indicates that the narrative isn't clear.
- Randy Allgaier asked how the narrative relates to work being done by the POI Committee regarding sero-sorting, sero-adaptation, and strategic positioning.

- ⇨ William Bland explained that the Show Me The Data Committee is working on creating a model for BRPs, other committees are working on intervention strategies.
- ⇨ Frank Strona noted that this year's committee may pass recommendations and ideas on to next year's committees.

Injection Drug Use Listed As a Prioritized Cofactor

- Where do poppers fit into this BRP model?
- Would like to see non-injection substances be included as cofactors.

Other, verbal, comments included the following.

- Tracey Packer noted that the Committee hasn't completed its work on cofactors and so non-injection substances, and other cofactors, may yet be included.

HIV(+) Persons Added As A Priority Subpopulation

- All Transgender populations are important.
- Ensure PwP is not diluted by being included in each BRP.
- Having PwP as a subpopulation may run the risk of it being "*pro forma.*"
- Concern that IDU be clearly delineated as a BRP.
- Which IDU drugs are being seen as impacting sexual risk behavior?
- Need clear definition of the risks behoviors impacting FSM who have had sex with men.

Other, verbal comments included the following.

- Gayle Burns noted that the use of different substances have different impacts on sexual behavior.
- She also suggested including various circumstances relating to FSM who have sex with men; including that the man may non-gay identified, that the man's sexual circumstances may be related to incarceration, and other situations.
  - ⇨ Frank Strona explained that this is still be discussed by the Committee.

Addresses Populations ... for Which We Have Limited (or No) Behavior or Seroprevalence Data

- There is insufficient data about these populations: Youth, Intersexed, Dual-diagnosis, Mental Health Substance Use, FTM Transgender, Trans Youth of Color, MSM Youth of Color, African-American of Mid-level Socio-economic status, Socially connected but not receiving services, and SF newcomers
- Minorities need citywide attention, not just the focus of minority-centered organizations.

Other, verbal comments included the following.

- Jonathan Batiste noted that problems impacting one group should not be addressed only by people who are in the group.
  - ⇨ He added that just because there is an organization with "Black" or "Latino" or "Native American" on its door doesn't mean that issues facing those populations are being completely handled; they should also be included in city-wide services.
- Several members suggested including non-SF resident populations including: tourists; those working but not living in SF; and Youth playing but not living in SF.
  - ⇨ William Bland noted that these groups aren't a behavior, although they may be a subpopulation of MSM or another BRP.
- Gayle Burns suggested the Committee focus on what the epidemic looks like here, not in other places.

- Weihaur Lau noted that there is a lot of cross-racial relationship whereas services are often delivered by race and so miss this group.
  - ⇨ Gayle Burns suggested finding a way to more accurately collect data about racially mixed couples, particularly where the service contract is to reach one racial group.
- Tom Kennedy suggested that rather than IDU as a subpopulation that the Plan could address the broader topic of substance use.
- Tom Kennedy also suggested putting some attention on high-volume Internet hook-ups, perhaps as a subpopulation.
- Weihaur Lau suggested looking at the the linkages between substance use and HIV risk.
- Abbie Zimmerman suggested exploring the layers of co-factors which lead to HIV risk behavior, not just substance use; that there are often things that come before substance use including depression, anxiety, sexual abuse, and others.

Discussion of Substance Use and IDU

Tracey Packer explained that Alex Kral was invited to address the Council as an expert in substance use, noting that his data was largely relied upon regarding IDU. Alex Kral's comments included the following.

- He expressed his admiration for the HPPC's bravery in addressing these issues in new ways.
- The study cited in the presentation regarding needle use and sexual risk behavior was his paper and it showed that the risk of transmission due to injection has been greatly reduced.
  - ⇨ This is largely a result of a comprehensive approach to needle exchange, which at the time of the study included broad health outreach and a robust testing program.
- He highlighted that his study was in an environment that hasn't been in place since 2000; SF has significantly reduced its outreach and HIV testing to IDU due to a lack of funding.
  - ⇨ In short, we do not know if the conclusions of the 1986-2000 study are still valid as regards a lessening of HIV transmission risk due to injecting.
  - ⇨ He cited the example of Vancouver in the late '90s which continued needle exchange, but not outreach or testing and experienced large increase in HIV infection among IDU.
- He is expressed his concern regarding the proposed changes to the BRPs, suggesting they are more accurately SBRPs (Sexual Behavioral Risk Populations), and that the non-sexual behavior of injecting drugs could therefore be neglected.
  - ⇨ There needs to be service providers that are culturally appropriate to IDU.
- He indicated that he would be willing to talk to with Committees if needed.

Questions and comments ensued including the following.

- William Bland noted that needle exchange is also a way of controlling the transmission of HVC and other Sexually Transmitted Infections (STIs).
- Ken Pearce asked why the HPPC shouldn't focus on substance use, with IDU is a subset.
  - ⇨ He added that IDU shouldn't be ignored, but that non-IDU substance users are at as great, or greater, risk of HIV transmission than IDU.
  - ⇨ Alex Kral noted that substance use impacts HIV risk in numerous ways, he underscored, however, that there are specific and direct risks involved in injecting drugs and IDU should continue to be a major focus of HIV prevention.

Summary

Tracey Packer noted that all PS models share the difficulty that people don't fit neatly into categories. While any model will be imperfect, she added, the HPPC's ultimate goal is to have as effective a prevention plan as we can in SF. She reminded members that comments and suggestions were still welcomed and could be submitted in writing. She also raised concerns brought to her attention by Jen Hecht about how structural interventions fit with BRPs, noting that the Committee is and working on this issue. Part of the strength of the SF process is, she observed, that it considers so many voices and values all contributors' points of view.

- William Bland expressed special thanks to Isela Gonzalez for going a great job as Co-Chair of the Committee, particularly with Thomas Ganger's passing.
  - ⇨ The attendees expressed their appreciation to Isela Gonzales with applause.
- Frank Strona added that the Committee's community members have worked hard, participated fully, and added a great deal to the group.

7. Summary, Evaluation, and Closure of Meeting

Tracey Packer reminded members to fill-out their evaluation forms. She then thanked all those who participated in the presentations and in execution of the meeting. She also reminded members that the next meeting 9/13/07 would briefly cover business and that the remainder of the three-hour meeting would be dedicated to diversity training.

8. Adjournment

The meeting adjourned at 5:59 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Eileen Loughran, Israel Nieves-Rivera and Tracey Packer.

The next HPPC business meeting will be Thursday, September 13, 2007
at the Quaker Meeting House - 65 Ninth Avenue, San Francisco.

Thursday, September 13, 2007
3:00-6:00 pm

Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

SF
H12
#2
9/13/07

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Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, Announcements, Agenda Changes**	**Perry Rhodes III**
3:05 pm	**1. Review and Approval of Minutes from 8/9/2007** (Action Item/ Vote) Objective: To discuss and approve the minutes from the most recent council meeting	**Perry Rhodes III**
3:10 pm	**2. General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**Perry Rhodes III**
3:20 pm	**3. Member Response to Public Comment** Objective: To allow Council members to briefly respond to comments made by community members	**Perry Rhodes III**
3:25 pm	**4. HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section	**Perry Rhodes III**
3:30 pm	**5. Diversity Training: Improving Communication and Effective Collaboration Among Council Members** Objective: To allow HPPC members to discuss how power dynamics and cultural barriers can impact group process and collaborations between individuals; and to explore the importance of parity, inclusion, and representation among members.	**Lydia Sausa**
5:50 pm	**6. Summary, Evaluation, and Closure of Meeting**	**Perry Rhodes III**
6:00 pm	**7. Adjournment**	

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UPCOMING HPPC MEETINGS:
Membership/Community Liaison Committee: September 10, 2:00-4:00 PM, 25 Van Ness
Points of Integration Between Prevention & CARE: September 10 & October 1, 3:00-5:00 PM
Pre-HIV Prevention Plan Committee: Sept 6 & October 4, 2:30-4:30 pm, 25 Van Ness Ave
Steering: September 27 & October 25, 3:00-5:00 PM, 25 Van Ness Ave
Substance Use Issues & Structural Solutions: Sept 6 & Oct 4, 3:00-5:00 PM, 25 Van Ness
Full Council: Thursday, October 11, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

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In order to assist with the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

HIV PREVENTION PLANNING COUNCIL (HPPC)
Minutes
September 13, 2007

The next HPPC business meeting will be held on Thursday, **October 11, 2007**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St., San Francisco

HPPC Members Present:
Randy Allgaier
Michelle Bakken
Bernie Berger
William Bland
Edward Byrom
David Diaz
Michael Discepola
Isela Gonzalez
Dee Hampton
Weihaur Lau
John Newmeyer
Tei Okamoto
Tracey Packer
Perry Rhodes III
Gail Sanabria
Jenny Lynn Sarmiento
Chandra Sivakumar
Gwen Smith
Eiko Sugano
Luke Woodward

Members Absent:
Jonathan Batiste
Gayle Burns*
Chadwick Campbell
Tom Kennedy*
Colin Partridge, Emeritus*
Ken Pearce
Frank Strona*
Janay Washington, Emeritus
Rakli Wilburn
* These members informed the Chair in advance of their absences.

HIV Prevention Section:
Vincent Fuqua
Betty Chan Lew
Eileen Loughran
Michael Paquette
Jenna Rapues

Guests:
Ben Hayes, Black Coalition on AIDS
Jen Hecht, Stop AIDS Project
Akihiko Oda, Stop AIDS Project
Lydia Sausa

Harder + Co.:
Aimee Crisostomo
Willow Schrager
David Weinman (Note-taker)

Process Evaluation Team:
Kevin Roe

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Welcome, Introductions, and Announcements

Co-Chair Perry Rhodes III called the meeting to order at 3:09 PM. He explained that the bulk of this meeting would be taken up by diversity training and that guests were welcomed to stay, but that they would not participate in the exercises. He then asked attendees to introduce themselves and for members to make relevant announcements.

- Dee Hampton announced that the AIDS Health Project is recruiting a part time phlebotomist for work largely in the evening and weekends.
- Eiko Sugano distributed flyers for the LIFT program's Bowling Night, 09/24/07 at Yerba Buena Bowl, copies of which are available to absent members upon request.
  ⇨ She noted that while the program is focused on youth all are welcomed.
- She also made available copies of the Bay Area Connect to Protect September 2007 newsletter, copies of which are available to absent members upon request.
- Randy Allgaier announced that the US House of Representatives and the Senate have been addressing the cuts to the Comprehensive AIDS Resources Emergency (CARE) Act.

HIV PREVENTION PLANNING COUNCIL (HPPC)
Minutes
September 13, 2007

- ⇨ The House has passed a bill that would restore funding to jurisdictions impacted, such as SF; the Senate however has not passed that legislation.
- ⇨ He noted that the two California Senators, in particular, do not seem to have AIDS services on their agenda.

- Michael Discepola noted that the Substance Use Issues and Structural Solutions Committee would be addressing substance use services for Spanish speakers and that the Stonewall Project offers such services. This item was on the *Parking Lot*, and was sent to this committee to follow-up on.
  - ⇨ He made available a flyer entitled, "*There's no waiting!! The Stonewall Project has counseling services available*" which publicizes walk-in services and highlights services available in Spanish, copies are available to absent members upon request.
- He also made available cards entitled, "*Life. Is it Just A Game?*" promoting counseling services available from Tweaker.Org. Copies are available to absent members upon request.
- Isela Gonzalez announced that the SF County jails have gotten approval for and started to implement the Rapid Testing Algorithm (RTA) study.

1. Review and Approval of Minutes from 8/09/2007

Motion was made by Edward Byrom and seconded by Isela Gonzalez to approve the minutes from the meeting 8/09/07. No discussion was offered. The vote was by roll call as follows.

Member	Vate	Member	Vote
Randy Allgaier	Yes	John Newmeyer	Yes
Michelle Bakken	Yes	Tei Okamata	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Perry Rhodes III	Yes
Edward Byram	Yes	Jenny Lynn Sarmienta	Abstain
David Diaz	Yes	Chandra Sivakumar	Yes
Michael Discepala	Yes	Gwen Smith	Yes
Isela Gonzalez	Yes	Eika Sugana	Yes
Dee Hamptan	Yes	Luke Waadward	Abstain
Weihaur Lau	Yes		

The minutes were approved with seventeen (17) yes votes and two (2) abstentions.

2. General Public Comment

Perry Rhodes III welcomed the attendee who had completed a public comment form.

- Ben Hayes from the Black Coalition on AIDS (BCA) brought attention to two programs being sponsored by BCA for HIV(+) people.
  - ⇨ The first is a Drop-In Group starting 10/5/07 from 12:00 to 2:00 pm.
  - ⇨ The second is their Healthy Relationship Group, beginning 10/2/07, 10:30 to 12:30.
  - ⇨ He made flyers about these programs available with additional copies available to absent members upon request.

3. Members' Response to Public Comment

No response to public comment was offered.

HIV PREVENTION PLANNING COUNCIL (HPPC)
Minutes
September 13, 2007

4. HPPC Co-Chairs/Steering Committee Written Report
   Perry Rhodes III directed attendees' attention to the document entitled, "*Co-Chairs Report September 13, 2007,*" copies of which had been distributed to all members in advance of the meeting.
   - He explained that he and the other HPPC Community Co-Chair Gayle Burns met with Grant Colfax on 9/05/07 to welcome him to his new role and to begin to get to know him.
   - Perry Rhodes III and Tracey Packer explained that Grant Colfax was unable to attend this meeting due to a previous scheduling commitment @ SFGH , that he would, however, attend HPPC meetings later this year.
   - Tracey Packer noted that she will continue her involvement with the Council even after Grant Colfax takes up the role of SFDPH Co-Chair beginning 1/01/2008.

5. Diversity Training: Improving Communications and Effective Collaboration Among Council Members
   Perry Rhodes III and Tracey Packer explained that the HPPC has mandated a diversity training for its membership annually. The professional staff and consultants are invited to fully participate in this training. It was underscored that all HPPC meetings are open to the public, including training sessions. Lydia Sausa was then introduced to conduct the diversity training.
   Please note: minutes were not taken for training part of the meeting, nor was a recording made as public business was not discussed.

6. Summary, Evaluation, and Closure of Meeting
   Lydia Sausa asked members to fill-out evaluation forms.

7. Adjournment
   The meeting adjourned at 6:00 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Eileen Loughran and Tracey Packer.

The next HPPC business meeting will be Thursday, October 11, 2007
at the Quaker Meeting House - 65 Ninth Avenue, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, October 11, 2007
3:00-6:00 pm

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#2
10/11/07

Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, Announcements, Agenda Changes**	**Gayle Burns**
3:10 pm	**1. Review and Approval of Minutes from 9/13/2007** (Action item/ Vote) Objective: To discuss and approve the minutes from the most recent council meeting.	**Gayle Burns**
3:15 pm	**2. General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business	**Gayle Burns**
3:25 pm	**3. Member Response to Public Comment** Objective: To allow Council members to briefly respond to comments made by community members	**Gayle Burns**
3:30 pm	**4. HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section.	**Gayle Burns**
3:40 pm	**5. Call for Nominations for HPPC Co-chair** Objective: To call for nominations for a Community co-chair. The election will take place at the November HPPC meeting.	**Gayle Burns**
3:45 pm	**6. HIV Vaccine update** *(Information item)* Objective: To provide an update on the HIV Research Section's vaccine studies	**Gavin Morrow-Hall**
4:05 pm	**7. Points of Integration Committee** (*Action Item / Vote*) Objective: To inform Council members of the continuing work of this committee and to vote on recommendations.	**Ed Byrom & Susan Phillip**
4:55 pm	**BREAK**	**All**
5:05 pm	**8. Outreach Needs Assessment** *(Information item)* Objective: To provide Council members with information from the Outreach Needs Assessment which was prioritized by the Steering committee in April 2006.	**Askia Muhammad**
5:50 pm	**9. Summary, Evaluation, and Closure of Meeting**	**Gayle Burns**
6:00 pm	**10. Adjournment**	

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UPCOMING HPPC MEETINGS:

Membership/Community Liaison Committee: October 15 & November 5, 2:00-4:00 PM, 25 Van Ness
Points of Integration Between Prevention & CARE: November 5 & Dec. 3, 3:00-5:00 PM
Pre-HIV Prevention Plan Committee: Nov. 1 (2-4:30 PM) & Dec. 6 (2:30-4:30 PM), 25 Van Ness Ave
Steering: October 25 & November 15, 3:00-5:00 PM, 25 Van Ness Ave
Substance Use Issues & Structural Solutions: Nov. 1 & Dec. 6, 3:00-5:00 PM, 25 Van Ness
Full Council: Thursday, November 8, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

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HIV PREVENTION PLANNING COUNCIL (HPPC)

Minutes

October 11, 2007

The next HPPC business meeting will be held on Thursday, **November 8, 2007**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St., San Francisco

HPPC Members Present:
Randy Allgaier
Michelle Bakken
Jonathan Batiste
Bernie Berger
William Bland
Gayle Burns
Edward Byram
David Diaz
Michael Discepola
Isela Ganzalez
Dee Hampton
Tom Kennedy
Weihaur Lau
John Newmeyer
Tei Okamoto
Tracey Packer
Ken Pearce
Perry Rhades III
Chandra Sivakumar
Gwen Smith
Frank Strona
Eika Sugano
Rakli Wilburn
Luke Woodward

Members Absent:
Chadwick Campbell
Colin Partridge, Emeritus*
Gail Sanabria*
Jenny Lynn Sarmiento*
Janay Washington, Emeritus
* These members informed the Chair in advance of their absences.

Provisional Members:
Pedro Artista
Marco Partida
Erica Reyes
Yavanté Thomas-Guess

HIV Prevention Section:
Grant Colfax
Vincent Fuqua
Guillermo Gonzalez
Betty Chan Lew
Eileen Laughran
Israel Nieves-Rivera
Michael Paquette
Jenna Rapues

Guests:
Naah Brianes, Walden Hause
Michael Cooley, UCSF Stay Well Study
Steffanie Gaadman, UCSF Stay Well Study
Ben Hayes, Black Coalition on AIDS
Brandon Ivory, STD Preventian & Control
Gavin Morrow-Hall - HIV Research Section
Askia Muhammad
Michael Petrelis
Susan Phillip, POI Committee Co-Chair
Joe Ramierez Farcier, PRC
Andrew Reynalds, Alliance for Saving Lives

Harder + Co.:
Aimee Crisostomo
Janise Kim
David Weinman (Nate-taker)

Process Evaluation Team:
Kathleen Roe

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Welcome, Introductions, and Announcements

Co-Chair Gayle Burns called the meeting to order at 3:09 PM. She explained that the duties of the Co-chairs rotate. She introduced the new Director of the HIV Prevention Section, Grant Colfax.

- Grant Colfax expressed his pleasure at having been appointed to his new role.
  - ⇨ He then thanked Tracey Packer for her contribution as Interim Director.

The attendees expressed appreciation for both Grant Colfax and Tracey Packer with applause.

Gayle Burns acknowledged the presence of provisional Council members, explaining that these new members participate in meetings although their voting privileges begin in January 2008.

The attendees welcomed the provisional members with applause.

She then asked attendees to introduce themselves and for members to make relevant announcements.

- John Newmeyer announced that the Black Cat in the Financial District, will be awarded a plaque and a celebration is scheduled commemorating its role as an important meeting spot for Lesbian and Gay people in the 40's and 50's.
- Frank Strona distributed the document entitled, "*San Francisco Monthly STD Report*" prepared 10/01/07 from the SFDPH STD Prevention & Control Section, copies of which are available to absent members upon request.
  - ⇨ He highlighted that the number of cases of male rectal gonorrhea and syphilis were both down over last year contrary to the national trend.
- Isela Gonzalez announced that the Jailhouse Project is extending medical services to people being released from incarceration and that the Sherriff's Department has opened a Woman's Jail Reentry Center. It will be staffed by volunteer medical practitioners.
- Luke Woodward announced he has a new job with the organization that has taken the place of the UCSF TRANS (Transgender Resource and Neighborhood Space) Project. He thanked members and HPS staff for their contributions to help the program continue.
- Michael Discepola distributed the flyer entitled, "*Attention Please Note the Stonewall Project has new contact numbers!!*" copies of which are available to absent members upon request. He added that the new phone (415-487-3100) is also for Tweaker.org.
- Michelle Bakken announced that the following weekend there would be a program at SFCC on Transgender, Lesbian, and Gay justice issues.

1. Review and Approval of Minutes from 9/13/2007

Motion was made by Michelle Bakken and seconded by Edward Byrom to approve the minutes from the meeting 8/09/07. No discussion was offered. The vote was by roll call as follows:

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	not present
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	Yes	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Ken Pearce	Abstain
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	Yes	Chandra Sivakumar	Yes
David Diaz	Yes	Gwen Smith	Yes
Michael Discepola	Yes	Frank Strona	Yes
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes	Rakli Wilburn	Abstain
Tom Kennedy	Abstain	Luke Woodward	Yes

The minutes were approved with twenty Yes votes and three Abstentions.

2. General Public Comment

Gayle Burns introduced people who had completed a public comment form.

- ⇨ Andrew Reynolds from the Alliance for Saving Lives distributed flyers entitled, "*Exploring Safer Injection Facilities in San Francisco,*" copies of which are available to absent members upon request, announcing a full day symposium 10/18/07 on that topic.

- Brandan Ivory from SFDPH STD Prevention & Control Services announced the commencement of the Buddies Program, consisting of three four-hour workshops for friends, family, or partners of Meth users.
  - ⇨ He distributed flyers entitled, "*Concerned about a friend or a partner's meth use?*" copies of which are available to absent members upon request.
  - ⇨ For more information go to Drawtheline.Org or contact Buzz Bense or Frank Strona.
- Michael Cooley, former HPPC member, and Stefanie Goodman, from the Osher Center at UCSF Research announced they are recruiting for "*The Staying Well Project,*" an eight-week program of meditation intended to increase immune function.
  - ⇨ Participants should be HIV (+) and not on HIV medications (although they needn't be medication naïve) and should be stable as regards to mental health issues.
  - ⇨ An educational comparison/control group has been developed by Project Inform.
  - ⇨ A section will begin on 10/30/07, and two others in 2008.
  - ⇨ An alternative program for people using HIV medications will also be conducted.
- Michael Petrelis addressed the Council regarding social marketing advertisements that he described as "*awful,*" and "*offensive.*" In way of example he highlighted the following:
  - An advertisement in the Bay Are Reporter (BAR) that equated people with syphilis with "*ticking time-bombs;*"
  - An advertisement sponsored by the SFDPH featuring a woman of color, discussing being on the "*down low,*" and reads, "*Use a condom and don't be a bitch;*" and
  - An advertisement paid for by the SFDPH and the SF AIDS Foundation that reads, "*HIV infections double – who gives a fuck?*"
  - ⇨ He asserted that while people are struggling to say alive, burying their friends, and dealing with a lot of grief they shouldn't have to also contend with offensive ad content.
  - ⇨ He added that there hasn't been sufficient evaluation or research done on the impact of social marketing advertisement.
  - ⇨ Directing a question to Grant Colfax, he asked when will community meetings be held in the Castro, South of Market, and Polk neighborhoods to discuss the cumulative effect of these advertisements and how they can be done better.
  - ⇨ He suggested that social marketing should not be offensive; rather it should compliment the behavioral action people have taken in response to HIV/AIDS.
  - ⇨ He noted that the HPPC has had one meeting about social marketing, which should be seen as only a beginning of dialogue within the definition of "*Respectful Engagement.*"
  - ⇨ He also suggested to Grant Colfax that there should be an apology from the SFDPH to the Gay men's community as well as a promise that there will be no more such ads.

3. <u>Members' Response to Public Comment</u>
   - Grant Colfax said that the HPS has done a great job in evaluating social marketing and he would be looking for ways of evaluating advertising campaigns, including community reaction as well as impact on behavioral.
   - Frank Strona noted that although the syphilis campaign may have offended some, it had significant public input on design and presentation, including from the Gay men's community.

- Dee Hampton asked about participation for people on HIV medications in the Staying Well Project.
  - ⇨ Michael Cooley explained that the group forming for such people employs the same meditation techniques.
- Isela Gonzalez said that the Council has done a good job addressing issues raised by public comment, including social marketing.

Perry Rhodes III explained ways for members to respond to issues raised: by using the evaluation form, submitting a written comment to the Co-Chairs (index cards are provided), or to raise one's hand and express oneself aloud.

Gayle Burns addressed the issue of Respectful Engagement, including that before speaking people should think about the impact their comments will have on others. That it includes maintaining an environment where people feel safe while being able to express themselves. She also reminded members that they represent the whole of SF, not just their own agency, race, ethnicity, sexual identity, or orientation. One of the great things about the HPPC and SF, she observed, is the respect we have for each other's differences.

Attendees responded to Gayle Burns remarks with applause.

4. HPPC Co-Chairs/Steering Committee Written Report

Gayle Burns directed attendees' attention to the document entitled, "*Co-Chairs Report October 11, 2007,*" copies of which had been distributed to all members in advance of the meeting.

- Tracey Packer provided an update on a State conference on Counseling and Testing.
  - ⇨ The State is changing the way Counseling and Testing is done in CA including looking for ways to respond to people's accessed level of risk.
  - ⇨ SF HPS is looking at ways of implementing this *triage* approach, noting that locally we are already more focused differing levels of risk than in elsewhere in the State.
- Tracey Packer also provided a follow-up on the AIDS Office's Counseling and Testing Group presentation which reported that about 40% of people receiving a preliminary positive HIV test result did not return for the confirmatory test.
  - ⇨ HPPC members expressed concern about these people getting into care services, so the Counseling and Testing Group looked into that issue and found that:
    - * 96% people with a confirmatory positive test are receiving care services, and
    - * About 85% of people with a preliminary positive test result who didn't return for confirmation are getting into care services.

Urban Coalition on HIV/AIDS Prevention Services (UCHAPS)

Gayle Burns provided an update on the recent UCHAPS meeting, including that Isela Gonzalez made a presentation on prevention services in jails which was very well received. She thanked Israel Nieves-Rivera, Co-Chair of UCHAPS, who has done a great job leading that organization in making strong relationships with the CDC, the National Alliance of State & Territorial AIDS Directors (NASTAD), and others. She noted that largely as a result of his leadership the CDC has become more open-minded to community based planning.

The attendees expressed their appreciation to Isela Gonzalez and Israel Nieves-Rivera with applause.

Gayle Burns explained that UCHAPS currently consists of representatives from the eight cities with the highest incidence of people living with HIV and AIDS.

- Israel Nieves-Rivera added that Michael Discepola was a former Co-Chair of UCHAPS.

The attendees expressed their appreciation to Michael Discepola with applause.

Employee Recognition

Perry Rhodes III brought attendees' attention to Tracey Packer being honored by the Health Commission for her extraordinary work as the Interim Director of the HPS.

Informed Consent

Ken Pearce asked about the pending CA law about opting out of HIV testing in medical settings.

- Tracey Packer explained that this new approach involves patients having to decline being tested for HIV ("*Opting Out*") after having been informed that it is part of certain regular medical tests; currently patients have to "*Opt In*" to include an HIV test.
  - ⇨ The bill has been approved by the legislature and awaits the Governor's action.
- Grant Colfax added that the SFDPH supports the law because more people would be tested.

5. **Call for Nominations for HPPC Co-chair**

Gayle Burns explained that Perry Rhodes III's current term will expire 12/31/07. She invited nominations explaining that candidates must have been on the Council for at least six months, and that if a member accepts nomination she/he may submit a brief written statement explaining what he/she could offer to the Council as a community Co-Chair. Nominations are due by 11/7/07. She added that Perry Rhodes III is interested in seeking a second term.

- In response to members' questions the process was reviewed, including:
  - ⇨ A description of what the position entails will accompany a call for nomination email;
  - ⇨ After the close of nominations (11/7/07) a list of candidates and their written statements will be sent to all members;
  - ⇨ Candidates will have the opportunity to make additional verbal statements at the 11/08 Council meeting prior to the actual vote; and
  - ⇨ There is no limit on the number of members who can be nominated.

6. HIV Vaccine update

Gayle Burns explained that an update on an HIV vaccine was on the Council's Parking Lot. She introduced Gavin Morrow-Hall from the SFDPH's HIV Research Section. Copies of his presentation entitled, "*An Update on the Search for an HIV Vaccine,*" had been distributed to all members in advance of the meeting. His additional remarks included the following.

- Slide 2 – Additional information on the Research Section's current projects includes:
  - ⇨ "*Project A,*" involving giving Acyclovir to HIV (-) men with herpes to explore if there is an effect on the rate of acquisition of HIV;
  - ⇨ "*Project Prepare,*" exploring if a single pill (Truvada) can prevent HIV infections.
  - ⇨ "*Project T*" is looking at the safety of giving HIV (-) Gay and Bisexual men as well as Transwomen an HIV antiretroviral (Tenofovir); and
  - ⇨ "*Project Embrace,*" is exploring ways of getting more African-Americans and Latinos into HIV vaccine studies.

- Slide 10 – Current thinking is that an effective HIV vaccine will train the immune system to recognize HIV, and respond to it, without exposing participants to the actual virus.
  - ⇨ The traditional vaccine approach exposes participants to dead or attenuated pathogens.
- Slide 12 – About 30K people have participated in Phase I vaccine tests around the world, and to date none have become infected as a result of a vaccine being tested.
  - ⇨ About .1% of participants, however, have had severe adverse effects to the vaccine.
- Slide 16-17 – The STEP Study had been designed to last four and a half years. The study had 137 people in SF participate, but the vaccine being tested was found to be ineffective.
  - ⇨ All participants were contacted within 72 hours of the study's findings.

The attendees expressed their appreciation to Gavin Morrow-Hall with applause.

Questions and Comments

- Bernie Gold asked when the STEP project was stopped how many of the participants had received the full course of treatment, and if participants will continue in the study.
  - ⇨ Gavin Morrow-Hall explained that all but 14 people had received all the shots.
  - ⇨ He also explained people enrolled in STEP will continue to come in for follow-up.
  - ⇨ They are hoping to start a new efficacy study in the first half of 2008 with a DNA based vaccine that will take advantage of what has been learned from STEP.
- Ken Pearce asked if the STEP study taught anything about people who volunteered being less likely to seroconvert because they are more mindful of the risk.
  - ⇨ Gavin Morrow-Hall said that they have found that people enrolled in all studies seem to be less likely to seroconvert, partly because they are being asked about their behavior.
- Isela Gonzalez asked about the number STEP trial participants who were women.
  - ⇨ Gavin Morrow-Hall said that overall the study's participants were about one-third female, although in SF participants were Gay and Bisexual men and Transwomen.
- Isela Gonzalez then asked if the next study would include women and non-English speakers.
  - ⇨ Gavin Morrow-Hall said that they next study, PAVE, will include about one-third female participation, and will be carried out in North America, Asia, and Africa.
  - ⇨ He added that brochures about the STEP trials were available in English and Spanish.
- William Bland asked if immigration status impacts participation in vaccine studies.
  - ⇨ Gavin Morrow-Hall explained that it could, because people having a false positive response – which is what the study hopes for – may impact one's ability to immigrate.
  - ⇨ He added that their informed consent process is extensive.

Members were encouraged to direct additional questions to Gavin Morrow-Hall directly.

The attendees expressed their appreciation to Gavin Morrow-Hall with applause.

7. **Points of Integration Committee**

Gayle Burns introduced Edward Byrom and Susan Philip Co-Chairs of the Points of Integration (POI) Committee from the Prevention and CARE Councils, respectively. Copies of these documents were distributed to all members in advance of the meeting:

- ⇨ The presentation entitled, "*Joint Recommendations from Prevention & Care;*"
- ⇨ "*Recommendations for Prevention of Late Testing;*" and
- ⇨ "*Points of Integration Committee: Motions Regarding Seroadaptation.*"

Edward Byrom explained that this would be the POI Committee's year-end presentation.

- Slides 5-7 – At the 11/09/06 Council meeting the POI Committee presented preliminary recommendations for preventing late testing, which was approved by the HPPC.
  - ⇨ Since then the POI Committee has reviewed final Late Testers report, discussed the issue in depth and added to those recommendations.

Motion 1: The POI Committee moves that the recommendations for prevening late testing be approved by the HPPC for recommendation to the HPS.

- It was made clear that the motion was to accept the contents of the document, "*Recommendations for Prevention of Late Testing*," which is included in total to these minutes by reference.

Discussion of Motion 1

- In response to William Bland's question Edward Byrom explained that the Council members' comments were part of the Committee's deliberation in developing these recommendations.
- William Bland then asked if the recommendations deal only with social marketing, or if it includes structural intervention (Part 1 a., Page 2); that many of the obstacles to testing are systemic, dealing with health care disparity, and not addressed by social marketing.
  - ⇨ Edward Byrom explained the focus as being on whether people are getting tested.
  - ⇨ Tracey Packer suggested that ensuring facilities are available and appropriate so that people can get tested would be part of the overall recommendation.
- William Bland then asked about faith-based interventions, noting that there are spiritual ways to reach people that do not involve churches (Part 3 b., Page 5).
  - ⇨ Edward noted that the recommendations are not intended to exclude other approaches.
- Isela Gonzalez asked if the recommendations in Part 4, Page 6 are intended to address African-American women and Latinas as a single unit, noting substantial cultural differences.
  - ⇨ Edward Byrom said that the people making decisions about social marketing need to be aware of the wide diversity of people who need to be reached.
- Isela Gonzalez suggested that it might be more effective to be specific.
  - ⇨ Susan Phillip said that the Committee left the recommendations broad so as to address all of the groups to be reached; and that being too specific leaves other groups out.
- Tracey Packer said that the Committee's recommendations are made to the SFDPH which implements those recommendations.
  - ⇨ She added that it is clear that the implementation needs to be culturally appropriate, and that the document's intent isn't to suggest that diverse groups be addressed as one.
  - ⇨ She suggested that the HPPC be part of the implementation process by having the HPS report to the Council on the recommendations' execution.
    - She added that the minutes would reflect suggestions regarding implementation.
- Jonathan Batiste indicated that the City hasn't been good at reaching certain populations and so some specific populations need to be noted.
- Aimee Crisostomo highlighted the rationales included with the recommendations, including that implementation efforts be based on demographic data.
- Edward Byrom noted that the Committee recommendation is to provide guidance but also allow providers with knowledge of the at-risk populations flexibility in reaching those groups.

- Grant Colfax asked if there should be evaluation of the implementation of these recommendations.
  - ⇨ Edward Byrom said that the evaluation component wasn't included in the Committee's deliberation, but that it would be discussed by the Committee.
  - ⇨ William Bland suggested quantifiable outcomes should be requisite.

There was no further discussion. The vote to approve Motion 1 was by roll call vote as follows:

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	Yes	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	Yes	Chandra Sivakumar	Not Present
David Diaz	Yes	Gwen Smith	Yes
Michael Discepola	Yes	Frank Strona	Yes
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes	Rakli Wilburn	Yes
Tom Kennedy	Yes	Luke Woodward	Yes

The motion was approved unanimously.

Motion 2: The POI Committee moves that the HPPC approve the recommendations to the health department to convene and support a provider work group to develop a best practices guide for Prevention With Positives (PWP) work in San Francisco.

- Slide 10 -- both Councils approved the recommendations from the PWP Committee entitled, *"Thinking Big: Strategies for Delivering Prevention with Positives Programs"* (HPPC 11/10/05) which includes convening a work group of professionals working on PWP to make recommendations on best practices. This motion would get this working group underway.

There was no further discussion. The vote to approve Motion 2 was by roll call vote as follows:

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	Yes	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	Yes	Chandra Sivakumar	Yes
David Diaz	Yes	Gwen Smith	Yes
Michael Discepola	Yes	Frank Strona	Yes
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes	Rakli Wilburn	Yes
Tom Kennedy	Yes	Luke Woodward	Yes

The motion was approved unanimously.

Motion 3: The POI Committee moves that the term "seroadaptation" be approved by the HPPC for recommendation to the HPS, to describe a range of HIV risk reduction strategies undertaken based on one's own and one's partner's serostatus.
(*Note: Seroadaptation as an HIV prevention strategy was not developed by the health department. Rather, some individuals have been practicing seroadaptation for a number of years to reduce the risk of contracting and/or transmitting HIV and as a way to keep healthy.*)

Susan Philip pointed out that the note is part of the motion. She also explained that once a term was agreed upon the precise definition would be decided; thus the two Motions (3&4).

- Slide 15 -- There was a lot of discussion of the terms: serosorting and seroadaptation, with the later being found to be more inclusive – more of an umbrella term.

Discussion of Motion 3

- Pedro Arista asked what the research says about this as an intervention.
  - ⇨ Susan Philip explained that the data is unclear; so the Committee isn't putting it forward as a prevention strategy, but rather something that deserves more study.
- Tom Kennedy expressed concern that Motion 3 reads as an endorsement of serosorting/seroadaptation as a prevention strategy.
  - ⇨ Susan Philip said that the Motion is about the terminology to use to describe what people are actually doing in belief that it reduces risk.
  - ⇨ The Motion states, she added, that seroadaptation was not developed as an intervention.
- Frank Strona expressed support for the proposed terminology noting that serosorting implies judgment whereas seroadaptation is more descriptive of people's self-perception
- William Bland asked how seroadaptation applies to those of unknown serostatus.
  - ⇨ Susan Philip said that seroadaptation is based on what people believe about their status.
  - ⇨ William Bland suggested that people's serostatus be expressed as, "*presumed*."
- Randy Allgaier said that the Committee is not endorsing seroadaptation as a strategy but hoping that the term would lead to conversation between HPPC and the community.
- The note-taker raised a point of information, questioning if the document entitled, "*...Motions Regarding Seroadaptation,*" should read "*Motion 3 and 4*" not "*Motion 1 and 2.*"
  - ⇨ The clarification was made that the motions should be so labeled.

Dee Hampton called the question, William Bland objected to closing discussion. The vote on closing discussion was by roll call as follows:

Member	Vote	Member	Vote
Randy Allgoier	Yes	Weihaur Lau	Yes
Michelle Bokken	Yes	John Newmeyer	Yes
Jonothon Batiste	Yes	Tei Okamoto	Yes
Bernie Berger	Yes	Trocey Pocker	Yes
William Blond	No	Ken Pearce	Yes
Goyle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	Yes	Chondro Sivokumar	Yes
David Dioz	Yes	Gwen Smith	Yes
Michoel Discepolo	Yes	Fronk Strona	Yes
Iselo Gonzolez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes	Rokli Wilburn	Yes
Tom Kennedy	Yes	Luke Woodword	Yes

The motion to end discussion was approved with 23 Yes votes and 1 (one) No vote.

The Chair then conducted the vote on Motion 3 by roll call as follows:

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	Yes	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	Yes	Chandra Sivakumar	Yes
David Diaz	Yes	Gwen Smith	Yes
Michael Discepola	Yes	Frank Strona	Yes
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes	Rakli Wilburn	Yes
Tom Kennedy	Yes	Luke Woodward	Yes

The motion was approved unanimously.

Motion 4: The POI Committee moves that the proposed definition of seroadaptation be approved by the HPPC for recommendation to the HPS.

Seroodoptotion includes o ronge of HIV risk reduction proctices ond refers to the selection of sexual partners, proctices and positions bosed on one's own ond one's partner's serostotus, in order to reduce the risk of contracting ond/or tronsmitting HIV.

Discussion

- Eiko Sugano suggested, and several other members expressed agreement, that it needs to be made clear that seroadaptation is not being endorsed, but that people practice it because they believe it reduces risk whether factually accurate or not.
- Edward Byrom and Michael Discepola observed that there has long be the perception that the DPH tells people how to behave, and these Motions are intended to be clear that seroadaptation is not being driven by the DPH; rather that use of the terminology and definition is an acknowledgement of what people are actually doing.

Frank Strona moved and Tom Kennedy seconded that the second sentence of Motion 4 be amended to read:

"*Seroadaptation includes a range of practices including the selection of sexual partners, practices and positions based on one's own and one's partner's serostatus, in order to reduce the risk of contracting and/or transmitting HIV.*"

- Susan Philip asked if any Committee member objected, but no dissent was offered.

Discussion followed.

- Michael Discepola said that the amendment was in the spirit of the motion.
- Ken Pearce said that he too supported the amendment, and that he would have also supported altering the last phrase to read, "as *self-perceived means to reduce the risk of contracting and/or transmitting HIV.*"
- Tom Kennedy indicated that the amendment relieved his anxiety about the motion.
- William Bland questioned how amending Motion 4 can take place without amending Motion 3.
  - ⇨ Susan Philip explained that Motion 3 adopted the use of the term "seroadaptation" and Motion 4 defines the specific meaning of the term.

- William Bland indicated that neither the description of the term in Motion 3 nor the definition in Motion 4 are clear as to how to deal with people of unknown serostatus.

The Chair asked if the matter should be returned to the Committee; however, no support for that was aired. Edward Byrom called the question to close discussion on the amendment. As no objection was raised, it was agreed to close discussion on the amendment.

- Randy Allgaier raised a point of information of the wording of the amendment.
  - ⇨ The Chair clarified by having the amendment re-read as above.

The vote on the amendment to Motion 4 was by roll call as follows:

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	not present	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	No	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Abstain
Edward Byrom	Yes	Chandra Sivakumar	Yes
David Diaz	Abstain	Gwen Smith	Yes
Michael Discepola	Yes	Frank Strona	Yes
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes	Rakli Wilburn	Yes
Tom Kennedy	Yes	Luke Woodward	Yes

The amendment to Motion was approved with 20 Yes votes and 2 Abstentions and 1 No.

The Chair noted that discussion was to continue on Motion 4, as amended.

William Bland moved and Isela Gonzalez seconded amending the second sentence to read:

"*... based on one's own presumed and one's partner's presumed serostatus ...*" (emphasis added).

William Bland withdrew his proposed amendment to Motion 4 without objection.

William Bland then called the question, closing discussion on Motion 4. Weihau Lau objected.
The vote on closing discussion on Motion 4 as amended was by roll call as follows:

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	No
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	not present	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	Yes	Chandra Sivakumar	Yes
David Diaz	Yes	Gwen Smith	Yes
Michael Discepola	Yes	Frank Strona	Yes
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes	Rakli Wilburn	Yes
Tom Kennedy	Yes	Luke Woodward	Yes

The motion to close discussion was approved with 22 Yes votes and 1 (one) No vote.

The vote on Motion 4 as amended was by roll call as follows:

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	not present	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	Yes	Chandra Sivakumar	Yes
David Diaz	Yes	Gwen Smith	Yes
Michael Discepola	Yes	Frank Strona	Yes
Isela Gonzalez	Yes	Eiko Sugano	Yes
Dee Hampton	Yes	Rakli Wilburn	Yes
Tom Kennedy	Yes	Luke Woodward	Yes

Motion 4 was approved unanimously.

The attendees expressed their appreciation with applause.

8. Outreach Needs Assessment

Gayle Burns introduced Askia Muhammad, noting that he is a former member of the HPPC, and that last year he made public comment at the Steering committee about the current state of outreach in SF. After deliberation on this issue the Council commissioned a needs assessment. Askia Muhammad distributed the results of that needs assessment entitled, "*IDU Outreach Needs Assessment / Tenderloin, Civic Center and Mission,*" copies of which had been distributed to all members in advance of the meeting. His additional commentary on the study included the following.

- He has done outreach in SF for about 20 years.
- His awareness of the need for the study came from seeing a large number of Injection Drug Users (IDU) homeless, on the streets, sharing needles, and with little outreach.
- The Urban Health Study, now part of RTI helped compile the results of the study.
- On the street he found that the homeless and the marginally housed are getting little attention, and that fewer services are available to them.
- He found people sharing needles a block or less from some service providers, highlighting the need for outreach workers on the street to address this at-risk population.

Questions and Comments

- John Newmeyer asked if the quality and quantity of risk is going up or down.
  - ⇨ Askia Muhammad said that condom use has decreased and there is more needle sharing.
  - ⇨ He added that after efforts began in 1987 things got better, needle exchange became available, and there was a lot of outreach with the ability to refer people to services; but now he sees people sharing bloody needles in plain sight.
- Dee Hampton asked about the table and how he approached people.
  - ⇨ He explained that the "n" column is the number of people he talked to regarding each of the services listed in the "Needs" column.
  - ⇨ He noted that when he approached people he provided them with information about services available, distributed condoms, biobuckets, and Needle Exhange cards, etc.
  - ⇨ He highlighted that he also asked if/how people were housed.

- In response to another question about the term "Ingrain", he explained "Outreach" is when workers go out and try to address whatever needs one finds on the street; whereas "Ingrain" deals only with the specific population the agency is funded to address.
  - ⇨ Tracey Packer explained that the definition of "Outreach" changed to "Recruitment and Linkages" with the last RFP as a result of pressure from the CDC and State.
  - ⇨ She added that it was at that point that Askia Muhammad came to the Council with concerns that this change would miss people at high risk.
- Randy Allgaier expressed concern on the numbers being reported, observing that it is obvious that there hasn't been much emphasis on the homeless.
  - ⇨ Askia Muhammad noted that his numbers are from observations of what is taking place in public view, and out in the open.
- Frank Strona said this information highlights the importance of having culturally appropriate services in the field rather than trying to get people into a program.
- William Bland asked about having syringes available to outreach workers and/or more accessible needle exchange.
  - ⇨ Askia Muhammad indicated that some IDU are near needle exchange sites, but won't go to them for unknown reasons, so having outreach to the IDU is needed.
- Tracey Packer suggested that the Council address what outreach means in SF in the Strategies and Interventions Committee next year.
  - ⇨ She underscored that the problem is broader than HIV prevention, and is really about homelessness and poverty.
  - ⇨ In that light she also suggested the HPPC partner with others such as the Homeless Outreach Team, Community Behavioral Health Services (CBHS), and others.
- Gayle Burns said that while we have been successful with needle exchange, more needs to be done, adding that things she saw years ago are still happening – or happening again.
- In response to a question regarding biobuckets, Askia Muhammad explained that that once people knew biobuckets were available they started asking for them.
  - ⇨ He also explained that Single Room Occupancies (SRO) were not part of this study.
- Isela Gonzalez underscored the need to collaborate with other agencies and perhaps cross-train people working with this population for maximum coverage.
- Michelle Bakken noted that outreach workers have had trouble getting into bars or SROs.
- Michael Discepola suggested that this be brought to the Co-Chairs to ensure that it is included in next year's scope of work for the Strategies and Interventions Committee.
- Chandra Sivakumar noted that they have seen a decrease in youth IDU at Larkin Street Youth Services, and asked if he saw many young people on the streets.
  - ⇨ Askia Muhammad said that he saw very few in the neighborhoods he concentrated on.

The attendees expressed their appreciation for Askia Muhammad's work with applause.

9. <u>Summary, Evaluation, and Closure of Meeting</u>

Gayle Burns reminded members to fill-out evaluation forms. She then thanked participants, professional staff, and consultants.

10. Adjournment

The meeting adjourned at 6:00 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Eileen Loughran and Tracey Packer.

The next HPPC business meeting will be Thursday, November 8, 2007
at the Quaker Meeting House – 65 Ninth Avenue, San Francisco.

HIV Prevention Planning Council Meeting
Thursday, November 8, 2007
3:00-6:00 pm

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Quaker Meeting House
65 Ninth Street (1st Floor)
(between Mission and Market Streets)
San Francisco, CA 94103

Agenda

Meeting called by Co-Chairs: Gayle Burns, Perry Rhodes III and Tracey Packer

3:00 pm	**Welcome, Introductions, Announcements, Agenda Changes**	**Tracey Packer**
3:10 pm	**1. Review and Approval of Minutes from 10/11/2007** *(Action Item/ Vote)* Objective: To discuss and approve the minutes from the most recent council meeting	**Tracey Packer**
3:15 pm	**2. General Public Comment** Objective: To hear the comments of community members on matters relevant to Council business.	**Tracey Packer**
3:25 pm	**3. Member Response to Public Comment** Objective: To allow Council members to briefly respond to comments made by community members	**Tracey Packer**
3:30 pm	**4. HPPC Co-Chairs/Steering Committee Written Report** Objective: To inform HPPC members of the activities of the HPPC Co-Chairs, the Steering Committee, and the HIV Prevention Section.	**Tracey Packer**
3:40 pm	**5. Election - HPPC Community Co-Chair** *(Action item/vote)* Objective: To elect a new HPPC Community Co-Chair for the term of January 1, 2008 to December 31, 2009.	**All**
3:50 pm	**6. Substance Use Issues & Structural Solutions (SUISS) Committee: Recommendations to the HPPC** *(Action item/vote)* Objective: To approve the recommendations developed by this committee on structural solutions addressing substance use.	**Eiko Sugano & Luke Woodward, SUISS committee**
4:40 pm	**BREAK**	**All**
4:50 pm	**7. Epidemic/Endemic: What do we think about HIV in San Francisco?** *(Discussion item)* Objective: To provide HPPC members with an understanding of the difference of the terms endemic and epidemic and to discuss the implications of the terms in San Francisco.	**Dr. Willi McFarland**
5:50 pm	**8. Summary, Evaluation, and Closure of Meeting**	**Tracey Packer**
6:00 pm	**9. Adjournment**	

Note: All meetings are open to the public and are held in handicapped accessible facilities. Allotted time periods for agenda items are approximate and may require adjustments. Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

UPCOMING HPPC MEETINGS:

Membership/Community Liaison Committee: Nov 5 & Dec 10, 2:00-4:00 PM, 25 Van Ness
Points of Integration Between Prevention & CARE: Nov 5 & Dec 3, 3:00-5:00 PM
Pre-HIV Prevention Plan Committee: Nov 1, 2:00-4:30 & Dec 6, 2:30-4:30 pm, 25 Van Ness Ave
Substance Use Issues & Structural Solutions: December 6, 3:00-5:00 PM, 25 Van Ness
Steering: November 15 & December 27, 3:00-5:00 PM, 25 Van Ness Ave
Full Council: Thursday, December 13, 3:00 – 6:00 PM, Quaker Meeting House, 65 Ninth St, SF

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Frank Darby, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: sotf@sfgov.org..

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HIV PREVENTION PLANNING COUNCIL (HPPC)

Minutes

November 08, 2007

The next HPPC business meeting will be held on Thursday, **December 13, 2007**
3:00 - 6:00 PM
Quaker Meeting House, 65 Ninth St., San Francisco

HPPC Members Present:
Randy Allgaier
Michelle Bakken
Jonathan Batiste
Bernie Berger
William Bland
Gayle Burns
Edward Byram
David Diaz
Michael Discepola
Isela Gonzalez
Dee Hamptan
Tom Kennedy
Weihaur Lau
Jahn Newmeyer
Tei Okamata
Tracey Packer
Calin Partridge, Emeritus
Ken Pearce
Perry Rhades III
Jenny Lynn Sarmienta
Chandra Sivakumar
Gwen Smith
Frank Strana
Eiko Sugano
Rakli Wilburn
Luke Waadward

Members Absent:
Chadwick Campbell
Gail Sanabria*
Janay Washington, Emeritus

Provisional Members:
Pedro Artista
Lauren Enteen
Steve Muchnick
Marca Partida*
Yavente Thamas-Guess
Vascudha Narayanan*
Eric Whitney
Bobby Wiseman

* These members informed the Chair in advance of their absences.

HIV Prevention Section:
Dara Caan
Elizabeth Davis
Vincent Fuqua
Guillermo Gonzalez
Emalie Huriaux
Eileen Laughran
Israel Nieves-Rivera
Michael Paquette
Jenna Rapues

Guests:
Mathew Bajka, Bay Area Reporter (BAR)
Keith Falger, TLH
Rick Gerharter, BAR
Ben Hayes, Black Caalition an AIDS
Jen Hecht, The Stop AIDS Project
Natalie Harn
Joseph Layd, NAAP
Michael Petrelis
Anthany Philip, SF LGBT Center
Mark Utterback, The Stap AIDS Project
Tonya Williams, GASA
Hank Wilson

Harder + Ca.:
Aimee Crisostomo
Janise Kim
David Weinman (Nate-taker)

Process Evaluatian Team:
Kathleen Rae

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Welcome, Introductions, and Announcements

Co-Chair Tracey Packer called the meeting to order at 3:02 PM. She explained that the duties of the Co-chairs rotate. She drew attendees' attention to the presence of the provisional council members whose full voting membership begins 01/01/2008. She then asked attendees to introduce themselves and for members to make relevant announcements

- Trace Packer announced she is now the Acting Deputy Director of HPS.
  - ⇨ This news was met with applause.
- Perry Rhodes III announced that Black Coalition on AIDS (BCA) would host this month's Pot Luck dinner at Magnet 11/10/07 and that he would serve as the host.

- William Bland announced that this would be his last Council meeting.
- Chandra Sivakumar announced that he has accepted a new position with the SF Unified School District.
- Pedro Artista distributed palm cards entitled, "*Tweakers.org Español,*" announcing the launch of on-line services in Spanish; copies are available to absent members upon request.
- Luke Woodward announced the opening of the opening of Trans Thrive's new facility at 815 Hyde Street and Open House on 11/16/07.
- Randy Allgaier provided updates on care services funding, including the following:
  - ⇨ An amendment by Rep. DeMint (R-SC) which would have taken all Health & Human Services (HHS) funding away from cities offering drug injection facilities, was defeated;
  - ⇨ The Stop-Loss amendment put forward by Rep. Pelosi to restore Ryan White Care Act funding to SF on a on-time basis was approved by the House of Representatives;
  - ⇨ The SF Board of Supervisors had backfilled care services funding and will reverse this action once funding is restored; the net effect being level funding levels; and
  - ⇨ The amendment is attached to a military spending bill, thus the President is not expected to veto it.
- Colin Partridge announced that he will resign his HPPC Emeritus Membership as his regular work load has increased.
- Bernie Berger announced that he will start working at Family Services Agency.
- Isela Gonzalez announced that the Forensic AIDS Project is starting its second year of the Reach Inward for Self Empowerment (RISE) research project and will hire two formerly incarcerated women to work on the project.
- Kathleen Roe announced that she and member Frank Strona presented at the American Public Health Association, and distributed copies of the presentation entitled, "*Separate or Combined? Finding Points of Integration in HIV Prevention and Health Services Community Planning,*" copies are available to absent members upon request.
  - ⇨ She explained that this was a summary of work done by the HPPC and the Care Councils, and was very well received by conference attendees.
  - ⇨ She also will welcome help from anyone with future publications of the council's work.
- Emalie Huriaux invited interested attendees to participate in the next meeting of the Hepatitis C (HCV) working group (12/12/07) at the Asian Pacific Islander Wellness Center.
  - ⇨ She noted that reminders about this meeting would be sent to all members.
- Tracey expressed thanks to departing members William Bland and Colin Partridge.
- She also congratulated Chandra Sivakumar on his new position noting that the HPPC has long wanted to have a representative of the SF school system on the Council.

Tracey explained that this was the first meeting for some of the provisional members. All members were greeted with applause.

1. <u>Review and Approval of Minutes from 10/11/2007</u>

   Motion was made by Michael Discepola and seconded by Tei Okamoto to approve the minutes from the meeting 10/11/07.

- Steve Muchnick suggested that Gavin Morrow-Hall's affiliation with SFDPH be listed in the attendance portion of the minutes .
  - He also noted the misspelling of Buzz Bense name in the draft.
  - ⇨ The Chair indicated that the final minutes would be corrected.

No other discussion was offered. The vote was by roll call as follows:

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	Abstain	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	Yes	Jenny Lynn Sarmiento	Abstain
David Diaz	Yes	Chandra Sivakumar	Yes
Michael Discepola	Yes	Gwen Smith	Yes
Isela Gonzalez	Yes	Frank Strona	Yes
Dee Hampton	Yes	Eiko Sugano	Yes
Tom Kennedy	Abstain	Rakli Wilburn	Abstain
		Luke Woodward	Yes

The minutes were approved with 21 Yes votes and four Abstentions.

2. General Public Comment

Tracey Packer introduced people who had completed public comment forms.

- Michael Petrelis addressed the Council with comments including the following.
  - ⇨ In 2000 an ad appeared reading, "*Who Gives A F***"*, and that since that time other similarly offensive campaigns have also ran.
    - He advocated for a continuation of the Council's discussion on social marketing.
  - ⇨ The 2000 ad, he noted, included comments from Dr. Willi McFarland, due to address the Council later in the agenda, comparing SF's incidence rates to Sub-Saharan Africa.
  - ⇨ These comments, he added, were made to the media right before leaving for an international AIDS conference, and so Dr. McFarland wasn't available for clarification.
    - He characterized this as, "*Willi drops this bomb-shell on us, takes off for Africa, and then there is no discussion in the gay community…"* about the basis of his claims.
  - ⇨ He pointed out that the Ryan White Act was being debated at the same time, and there were reports questioning SF's numbers in the media and the Congress.
  - ⇨ He asserted that whatever statistics Willi McFarland presents later in the meeting should be greeted with skepticism and should be accompanied with proof.
  - ⇨ He suggested there is a need for dialogue between Willi McFarland and the gay community because his 2000 comments were the cause of media reports that, "*Gays are complacent," "Gays are killing each other again,"* etc.
  - ⇨ He questioned if Willi McFarland's interpretation of the data from 2000 has changed.
  - ⇨ He also suggested there be discussion about why Dr. McFarland goes to the newspapers before reporting to the community.

3. Members' Response to Public Comment
   - Dee Hampton said that she would appreciate if Michael Petrelis could bring more recent examples when he refers to social marketing being offensive and off target. She also asked if efforts remain off-target.
   - Tracey Packer said that getting an explanation from Willi McFarland about the data he uses is a key to members conducting the Council's work.

4. HPPC Co-Chairs/Steering Committee Written Report

Tracey Packer directed attendees' attention to the document entitled, "*Co-Chairs Report November 8, 2007,*" copies of which had been distributed to all members in advance of the meeting. She highlighted these topics in particular:

- Legislative Update, which is a new section in this report;
- 2008 Scope of Work, the draft document entitled, "*2008 Scopes of Work,*" was distributed; copies of which are available to absent members upon request,
  - ⇨ The Steering Committee approved the Scope of Work at the 10/25 meeting. It will be presented for a vote to the Council at the 12/13 meeting.
  - ⇨ Role of Council in Reviewing Committee Recommendations, including the document that she reviewed entitled, "*The HPPC process for discussion and vote on motions presented by Committees,*" copies of which are available to absent members upon request.

5. Election - HPPC Community Co-Chair

Tracey Packer directed attention to the presentation entitled, "*Community Co-Chair Election*" distributed to all members in advance of the meeting. Some of her additional comments included the following.

- ⇨ Community Co-Chairs' terms are staggered to allow continuity of leadership.
- ⇨ The Government Co-Chair is appointed by the Director of the HPS.
- ⇨ The term of the seat held presently by Gayle Burn ends in June 2008.
- ⇨ Four members were nominated, three declined, leaving Perry Rhodes III the sole candidate standing for the position.

She explained that Perry Rhodes III's written statement had been distributed to all members in advance of the meeting. His additional spoken comments included the following:

- He feels honored to have served as Co-Chair;
- He looks forward to 2008 with all of the challenges and changes it will bring; and
- He sees part of his role as maintaining the continuity, and being the familiar face of the Co-Chairs through the coming transition.

No questions were raised. The Council voted on whether to elect Perry Rhodes III as its community Co-Chair for the term 1/01/08 – 6/31/09. The vote was by roll call as follows.

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	Yes	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Yes

Member	Vote	Member	Vote
Edward Byrom	Yes	Jenny Lynn Sarmiento	Abstain
David Diaz	Yes	Chandra Sivakumar	Yes
Michael Discepola	Yes	Gwen Smith	Yes
Isela Gonzalez	Yes	Frank Strona	Yes
Dee Hampton	Yes	Eiko Sugano	Yes
Tom Kennedy	Yes	Rakli Wilburn	Yes
		Luke Woodward	Yes

Perry Rhodes III was elected unanimously. The result of the election was met with applause.

6. **Substance Use Issues & Structural Solutions (SUISS) Committee: Recommendations to the HPPC**

Tracey Packer introduced SUISS Committee Co-Chairs Eiko Sugano and Luke Woodward to conduct the presentation entitled, "*Substance Use Issues and Structural Solutions,*" copies of which were distributed to all members in advance of the meeting. Their additional comments included the following.

- Slide 4- An example demonstrating the difference between individual, or community, level intervention and a structural intervention was provided.
- Slide 6 - The Committee's charge was to make recommendations that are bold and radical, so as to address issues in a new and broader way.
- Slide 10 - Two issues discussed by the Committee, but not included in their recommendations are: HIV prevention among the incarcerated, and lack of services for monolingual non-English speakers.
  - ⇨ The first was addressed and recommendation made by the HPPC's 2006 San Francisco Leadership Initiative.
  - ⇨ The second, given to the Committee from the Parking Lot, was not addressed.

  Members were reminded that all of the motions and their rationales are included on the document entitled, "*Rationales for Structural Solutions and Motions,*" which was provided to all members in advance of the meeting.

Motion 1: Endorse the creation of a Safe Injection Facility to reduce drug-related harm.

Discussion

- In response to William Bland's question, Eiko Sugano and Luke Woodward explained that all of the motions rely on the applying the principles of harm reduction to both HIV prevention and substance use.
- William Bland then asked for a definition of a "*Safe Injection Facility.*"
  - ⇨ Eiko Sugano provided a definition to include a place where people can bring the drug of their choice and inject it safely in the presence of a nurse in case help is needed in the event of overdose or other negative effects of the drug(s).
- Pedro Artista said that it was his understanding that the Safe Injection Facility in Vancouver is the only one in the world and so questioned if there is sufficient data about its effectiveness, overdose mortality rate, etc.; adding that he also understands that it is going to close.
  - ⇨ Eiko Sugano explained that there isn't enough information as yet, but that the Committee's recommendation is really to look into this option.

- ⇨ Lauren Enteen added that there have been some overdoses at the Vancouver site, but none were fatal, and that there are a number of models that have been looked at with varying facilities and services.

- Ken Pearce asked if this would have the cooperation of local law enforcement.
  - ⇨ Eiko Sugano explained the committee's suggestion is that a workgroup look into this.
  - ⇨ Ken Pearce suggested having law enforcement representatives in that workgroup.
- Randy Allgaier noted that a recent meeting in SF to discuss this idea started a firestorm, including the DeMint Amendment in Congress; adding that this will most likely garner a great deal of attention and impact national discussion.
  - ⇨ He recommended that work be done to ensure political understanding and good will among local officials on this topic.
- Steve Muchnick explained that the reason the Vancouver facility is likely to close next year is a change in Provincial government.
- Isela Gonzalez observed how well this recommendation follows up on last year's work, as well as responds to the needs assessment presented last month by Askia Muhammad.
- William Bland explained that there is already some work being done on this in SF, and the Committee's suggestion is to support looking into this more deeply.
- David Diaz suggested inviting the Vancouver facility manager to address the workgroup.
- Rakli Wilburn noted that researching and implementing this idea would be great for prevention and would also provide a wonderful source of data.
- Weihaur Lau indicated that there is good data that supports the Safe Injection Facility reducing HIV among IDUs in Vancouver.
- Gayle Burns said this would be a great venue for prevention, and that it referred back to the Mike Pendo's presentation on Structural Interventions and future goals from a couple of years ago.
- Tracey Packer explained that since the SFDPH has not taken a position on this matter she will have to abstain.

Jonathan Batiste called the question. No objection was raised. Discussion was closed.
The vote on Motion 1 was by roll call as follows.

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	Yes	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Abstain
William Bland	Yes	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	Yes	Jenny Lynn Sarmiento	Yes
David Diaz	Yes	Chandra Sivakumar	Yes
Michael Discepola	Yes	Gwen Smith	Yes
Isela Gonzalez	Yes	Frank Strona	Abstain
Dee Hampton	Yes	Eiko Sugano	Yes
Tom Kennedy	Yes	Rakli Wilburn	Yes
		Luke Woodward	Yes

The motion was approved with 23 Yes votes and 2 abstentions.

Motion 2: Define criteria in the existing SF DPH Harm Reduction Policy (2000) and ensure implementation throughout DPH-funded programs.

Luke Woodward explained that in 2000 SF passed a law requiring all funded programs follow the principles of Harm Reduction; however, the performance measurements were listed as "*To be determined*," and have yet to be codified. This motion would promote the law's implementation.

Discussion

- Weihaur Lau asked if this motion covers the entire SFDPH, or just the HPS.
  - ⇨ Tracey Packer explained that the entire department is covered by the Harm Reduction policy, and so would impact all programs funded through the SFDPH.
  - ⇨ Weihaur Lau advocated for implementing Harm Reduction in SF Schools too.
- Eiko Sugano said that the workgroup would define Harm Reduction with the help of the HPS.
  - ⇨ Tracey Packer noted that the workgroup would work with Barbara Garcia who is in charge of the Harm Reduction Policy for the SFDPH.
- Tom Kennedy reminded members of the process outlined on Slide 7 and that implementation of any of the recommendations would include SFDPH, the City, and the community.

There was no further discussion. The vote on Motion 2 was by roll call as follows.

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	Not present	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	Yes	Jenny Lynn Sarmiento	Yes
David Diaz	Yes	Chandra Sivakumar	Yes
Michael Discepola	Yes	Gwen Smith	Yes
Isela Gonzalez	Yes	Frank Strona	Yes
Dee Hampton	Yes	Eiko Sugano	Yes
Tom Kennedy	Yes	Rakli Wilburn	Yes
		Luke Woodward	Yes

Motion 2 was approved unanimously.

Motion 3: Support updating and reinforcing the existing law in San Francisco requiring signage and warning labels in places where poppers are sold.

Eiko explained that when the current law was enacted not all of the risks associated with Poppers' use were known, including the increased risk of acquiring HIV.

Discussion

- William Bland said that he thought he thought poppers were already illegal and the substance in question is being sold as video head cleaner and by other names.
  - ⇨ Frank Strona said that the word "*Poppers*" has become a recognized term for inhalants.
  - ⇨ Tracey Packer added that "*Poppers*" is the word used in research.

The Chair directed that the minutes show that Alkyl, Amyl, or Butyl Nitrites or Nitrates are all generically referred to as "*Poppers*."

- Tom Kennedy and Gayle Burns both noted that Hank Wilson has championed this issue for several years.

There was no further discussion. The vote on Motion 3 was by roll call as follows.

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	Not present	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	Yes	Jenny Lynn Sarmiento	Yes
David Diaz	Yes	Chandra Sivakumar	Yes
Michael Discepola	Yes	Gwen Smith	Yes
Isela Gonzalez	Yes	Frank Strona	Yes
Dee Hampton	Yes	Eiko Sugano	Yes
Tom Kennedy	Yes	Rakli Wilburn	Yes
		Luke Woodward	Yes

Motion 3 passed unanimously.

Motion 4: Require that all programs funded by HPS distribute information on the risks and health effects of crack, poppers, methamphetamines and other drugs that impact the risk for HIV transmission.

Luke Woodward explained that the Committee knows that many agencies already do this, but this identifies that all agencies would distribute this information. He added that research shows that people who do drugs tend to do a variety of drugs.

Discussion

- John Newmeyer said that this is broadly defined, and asked if this could be accomplished with a brochure, or other such material.
  - ⇨ Luke Woodward explained that this was intentionally left to the workgroup to decide how to implement this.
  - ⇨ Eiko Sugano added that the Committee had been informed that some agencies do not have information on some of the substances mentions and that all funded agencies should be educated on these drugs.
- William Bland asked if this would be HPS, or all SFDPH, funded programs.
  - ⇨ He added that distribution of Harm Reduction information could be included in this recommendation.
- Tracey Packer explained that both John Newmeyer and William Bland's suggestions could be worked on by the workgroup.
- Weihaur Lau suggested that this recommendation would help widen what is meant by HIV prevention intervention and encourage collaboration between agencies.

There was no further discussion. Vote on Motion 4 was by roll call as follows.

Member	Vote	Member	Vote
Randy Allgaier	Yes	Weihaur Lau	Yes
Michelle Bakken	Yes	John Newmeyer	Yes
Jonathan Batiste	Not present	Tei Okamoto	Yes

Member	Vote	Member	Vote
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	Yes	Jenny Lynn Sarmiento	Yes
David Diaz	Yes	Chandra Sivakumar	Yes
Michael Discepola	Yes	Gwen Smith	Yes
Isela Gonzalez	Yes	Frank Strona	Yes
Dee Hampton	Yes	Eiko Sugano	Yes
Tom Kennedy	Yes	Rakli Wilburn	Yes
		Luke Woodward	Yes

Motion 4 was approved unanimously.

Motion 5: Endorse the creation of a city-wide policy to increase access to condoms and lube in bars and clubs with liquor licenses in San Francisco.

Eiko Sugano and Luke Woodward explained that the workgroup could recommend this be accomplished in any number of ways, and that this is not limited to gay bars.

Discussion

- Steve Muchnick asked if there is a legal definition of a, "*Club.*"
  - ⇨ Bernie Berger explained that this would apply to any venue with a liquor license.
  - ⇨ He added the Committee reviewed data showing that people are not as able to access condoms and lube in drinking establishments as they were 15 years ago.
- Frank Strona noted his opposition, including:
  - ⇨ That there wasn't due consideration given to how clubs would react to this;
  - ⇨ That the recommendation should be supported by research, such as a rapid assessment;
  - ⇨ That this may infringe upon business owners rights; and
  - ⇨ That there may be additional liability and/or insurance costs to clubs if they have packets of lube readily available.
- Michelle Bakken noted that outreach workers often can't even get into bars.
  - ⇨ Luke Woodward explained this needn't be outreach, and that the workgroup would decide how to ensure that condoms and lube are accessible.
  - ⇨ He added that a rapid assessment would also be something the workgroup addresses.
- Tracey Packer relayed the HPS' experience developing an ordinance regarding sex clubs, where they found including club operators into the planning process helped the work proceed.
  - ⇨ She noted that an ordinance did not result from the exercise, but that guidelines did.
- Isela Gonzalez observed that feedback from clients has been that there is a lack of access to condoms when they have been drinking, or at a club.
  - ⇨ She noted that they have already had feedback from bar owners supporting access to condoms for their patrons.
  - ⇨ She also pointed out that the SF Sheriff recently approved a pilot program with condom vending machines in jail, and if that can be done access in clubs should be achievable.
- Ken Pearce pointed out that the motion is to forward this recommendation to a workgroup, and so he has difficulty with the objections raised.

- ⇨ Eiko Sugano noted that this is a radical suggestion and a cultural shift, similar to banning smoking in restaurants and bars.
- William Bland observed that the connection between alcohol use and seroconversion is too often overlooked.
- Perry Rhodes III underscored that the Committee is not suggesting how to do this, only that it should be done if feasible.
- Frank Strona said that if this recommendation read, "*Increased access*" he would not have a problem with it, but that he has difficulty with, "*Creation of citywide policy.*"

There was no further discussion. The vote on Motion 5 for was by roll call as follows.

Member	Vote	Member	Vote
Randy Allgaier	No	Weihaur Lau	Yes
Michelle Bakken	No	John Newmeyer	Yes
Jonathan Batiste	Not present	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Yes
William Bland	Yes	Ken Pearce	Abstain
Gayle Burns	Yes	Perry Rhodes III	Yes
Edward Byrom	No	Jenny Lynn Sarmiento	Yes
David Diaz	Yes	Chandra Sivakumar	Yes
Michael Discepola	Yes	Gwen Smith	Yes
Isela Gonzalez	Yes	Frank Strona	No
Dee Hampton	Yes	Eiko Sugano	Yes
Tom Kennedy	Yes	Rakli Wilburn	Yes
		Luke Woodward	Yes

The motion was approved with 19 Yes votes, 4 No votes, and 1 (one) abstention.

Motion 6: Revise the current HIV Prevention Section policy to allow for the funding and use of incentives to identify and test individuals who do not know their status

Luke Woodward explained that in the past, although effective, providing incentives had been problematic. The workgroup would have to examine at a number of things, including: repeat testers and known positives. The SUISS Committee believes, however, that this could be an effective tool to reach substance users and late tester.

Discussion

- Dee Hampton noted her bias as an employee of the AIDS Health Project, which does testing, and expressed her concerns about this motion, which included:
  - It is unclear where the money to support incentives would come from;
  - If funding is available it would be better used for additional testing and outreach;
  - Data is needed regarding incentives to determine if it is, in fact, effective (i.e., how many are new positives are actually identified); and
  - The problem isn't just with known positives, but also known negatives who repeat test just for the money.
  - ⇨ Luke Woodward agreed with the problems sited and explained that the workgroup would need to address these issues.
- Tracey Packer explained that the 2005 RFP included a provision that Counseling, Testing & Linkage programs could not use incentives

- David Diaz said that his program does use incentives, because they find that once a HIV+ person is identified it can be difficult to maintain contact with them and follow up.
  - ⇨ He the suggested the workgroup discuss using incentives to identify HIV+ people as well as to encourage follow-up.
- William Bland expressed his concern with ethical considerations of providing incentives for testing, for follow-up, etc.
  - ⇨ He added that incentives are really focused on poor people but that they miss the underlying structural health care disparity.
- Frank Strona said that this proposal opens the door to discuss these issues more fully in workgroups.
- Isela Gonzalez indicated that the word, "*Incentive*" has all sort of connotations, but that it needn't be cash.
  - ⇨ She added that while the poor and marginalized are the most likely to test for incentives, that group needs to be reached.
- Chandra Sivakumar said that based on anecdotal data many Community Based Organizations (CBOs) have found that incentives increase the number of tests.
- Randy Allgaier expressed concern with decisions made in a vacuum and that this should be discussed, and worked on, with those involved in provision of care services.
- Perry Rhodes III expressed concern with communities that aren't testing.
  - ⇨ He pointed out that at present the door is totally closed on incentives and that this would open the discussion.
  - ⇨ He added that we need as many tools as possible to reach those not being tested, but that all means of reaching people need to be responsible.
- Bobby Wiseman reiterated that incentives needn't be cash, and the population he deals with can be motivated with basic necessities such as showers, a night in a hotel, and the like.
- Tracey Packer explained that she would be abstaining as this is the current policy of the department and she hasn't discussed it with the people working on testing.

There was no further discussion. The vote was by roll call as follows.

Member	Vate	Member	Vate
Randy Allgaier	Abstain	Weihaur Lau	Yes
Michelle Bakken	Abstain	Jahn Newmeyer	Yes
Jonathan Batiste	Not present	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	Abstain
William Bland	Na	Ken Pearce	Yes
Gayle Burns	Yes	Perry Rhades III	Yes
Edward Byram	Yes	Jenny Lynn Sarmiento	Yes
David Diaz	Abstain	Chandra Sivakumar	Yes
Michael Discepola	Na	Gwen Smith	Abstain
Isela Ganzalez	Yes	Frank Strona	Yes
Dee Hampton	Yes	Eika Sugana	Yes
Tam Kennedy	Yes	Rakli Wilburn	Yes
		Luke Waadward	Yes

The motion was approved with 17 Yes votes, 2 No votes, and 5 Abstentions.

Motion 7: Set aside 5-10% of direct prevention dollars to ensure provision of late night prevention services.

Eiko Sugano explained the Committee's concern that without a set aside programs do not have incentive to provide late night services. She noted that there have been two studies showing the effectiveness of late night outreach: the Breakfast Buffet and Party and Play studies.

Discussion

- John Newmeyer asked for definition of both late night and set aside.
  - ⇨ Eiko Sugano and Emalie Huriaux provided these definitions:
    - Late night being hours outside, or beyond. normal business hours (i.e., between 8:00 PM and 4:00 AM); and
    - Set aside would be a percentage, to be decided upon by the workgroup, of the total HIV prevention budget.
- William Bland expressed concerned with setting aside a specific percentage.
  - ⇨ He pointed out that no agency is currently forbidden from offering late night outreach.
  - ⇨ He suggested that programs should retain flexibility to determine how best to reach their focus populations.
  - ⇨ He also suggested including late night outreach as part of the priority setting model, but without assigning a specific amount, or percentage, to be set aside.
- Weihaur Lau explained that he worked on Breakfast Buffet study and they were finding increased acceptance for the approach from the target population.
  - ⇨ He added setting aside a percentage emphasizes it's importance, particularly as it is difficult to get workers to do outreach late at night.
- Ken Pearce expressed concern with the setting aside 5-10% although he expressed support for late night prevention outreach.
  - ⇨ He suggested specifying late night outreach in the RFP.
- Michael Discepola said that he would like to know what is currently being done.
- Tracey Packer expressed concern because this refers to a lot of money; however, she supports the idea of encouraging late night testing.

There was no further discussion. The vote on Motion 7 was by roll call as follows.

Member	Vote	Member	Vote
Randy Allgaier	No	Weihaur Lau	Yes
Michelle Bakken	Abstain	John Newmeyer	Yes
Jonathan Batiste	Not present	Tei Okamoto	Yes
Bernie Berger	Yes	Tracey Packer	No
William Bland	No	Ken Pearce	Abstain
Gayle Burns	No	Perry Rhodes III	No
Edward Byrom	No	Jenny Lynn Sarmiento	Abstain
David Diaz	Yes	Chandra Sivakumar	Yes
Michael Discepola	No	Gwen Smith	No
Isela Gonzalez	Yes	Frank Strona	Yes
Dee Hampton	Yes	Eiko Sugano	Yes
Tom Kennedy	Yes	Rakli Wilburn	Yes
		Luke Woodward	Yes

Motion 7 was approved with 12 Yes votes, 8 No votes, and 3 Abstentions.

Attendees expressed their appreciation to the SUISS Committee with applause.

7. Epidemic/Endemic: What do we think about HIV in San Francisco?

Tracey Packer introduced Willi McFarland, Director of HIV/AIDS Statistics & Epidemiology at SFDPH by providing background including the following.

- ⇨ That the HPPC bases much of its prevention plan on the data he provides.
- ⇨ His presentations are part of members' training in understanding how HIV impacts SF.
- ⇨ That this presentation was informational only focusing on the controversy that has arisen about the difference between "*Epidemic,*" and "*Endemic.*"

Willi McFarland then conducted the presentation, "*'Health department declares HIV Epidemic over' – Bay Area Reporter, 2007,*" copies of which were provided to all members in advance of the meeting. His additional comments included the following.

- Slide 1 – The Bay Area Reporter (BAR) headline (paraphrased) was intended to grab attention, with the real story in the small print.
  - ⇨ He explained that during his presentation of the 2006 consensus data to the Council he felt that the data might be pointing toward the SF entering an HIV "*Endemic*" phase.
    - The data was starting to head in the right direction, and had that trend continued, he was hopeful that he could soon project SF moving toward future, "Eradication."
    - This after several years in which indicctors had been sharply negative.
  - ⇨ Nonetheless in 2006 he wasn't ready to, and did not, categorize HIV in SF as "*Endemic.*"
  - ⇨ Subsequent data leads him to believe SF has, indeed, entered an HIV "*Endemic*" phase; but leaves him less optimistic about trends heading toward future "*Eradication.*"
    - This is because the indicators that were heading down have leveled off.
- Slide 4 – He was surprised that the difference in technical, epidemiological terms, "*Epidemic,*" and "*Endemic,*" generated any media attention at all.
- Slide 6 – The "it" that isn't over is the HIV health crisis, and so the difference between, "*Epidemic,*" and "*Endemic,*" is somewhat semantic.
- Slide 8 – Shows the typical progression of an epidemic, including the second wave of HIV incidence SF saw in the late 90's – early 2000's.
- Slide 13 – Putting the statistics in perspective:
  - ⇨ There are more cumulative cases of AIDS in SF than in all of Germany;
  - ⇨ More people in SF have died of HIV than in all of the wars the city has participated in;
  - ⇨ The percentage of people on treatment (91%) is the highest in the world; and
  - ⇨ The concentration of HIV in a single community is also the highest in the world
- Slide 14 – These are the indicators that described the second wave of HIV epidemic in SF in the late 90's to early 2000's.
  - ⇨ Had the trends continued the number of new infections could have grown to 2,000 per year in 2006 and continued to double in future years.
- Slide 16-20

Pleose note the use of these terms ond ocronyms:

- GC = Gonorrheo
- AIDS with STD = People with AIDS who acquire a new Sexually Transmitted Diseose (STD), which is o marker of sexual risk behovior and transmission to others
- No. of partner = Having multiple portners as recorded in surveys
- Repeat tester incidence = The rate of new acquisition of HIV omong people being tested

- CTRPN = Counseling, Testing, Referral ond Partner Notification [Currently referred to as Counseling, Testing & Linkoge (CTL)]
- STARHS = Shows detuned incidence rotes ot different testing venues from citywide dotobase
- UAI = Unprotected Anol Intercourse
- Discordont UAI HIV+ = when one portner is known to be HIV+ ond the other is believed to be HIV- or of unknown serostotus
- Discordant UAI HIV- = when one partner is known, or believed, to be HIV- and the other is of unknown serostotus
- BSS = Behavioral Surveillance Survey
- Unknown HIV+ stotus = ore those people who test positive in City surveys without knowing their serostatus

- Slide 18 – What if we have about the same number of infections until 2047?
  ⇨ This fits within the definition of Endemic, and is possible with current trends.
- Slides 19 & 20 – In 2007 the indicators point more toward long-term leveling in incidence; whereas in 2006 indicators pointed toward decreasing incidence.
- Slide 21 & 22 – Male Rectal Gonorrhea looked as if it were spiking, but the increase was really due to better, and more widely accepted, diagnostic procedures.
  ⇨ Thus it went from "Up" in 2006 to "Level" in 2007's interpretation of data.
- Slide 24 – The gap reported in UAI trending up, and serodiscordant UAI HIV+ & HIV- both trending down is believed to be as a result of seroadaptation.
- Slide 25 – Data indicates incidence may be entering a stage in which it remains level for years to come – unless something dramatically changes.
  ⇨ This leveling is not a cause for complacency, nor does it make a pithy sound-bite.
- Slide 26 – Some groups in SF are "*Epidemic.*"
- Slide 27 & 28 – What current, endemic, levels of incidence means to a young Gay man in SF?
  ⇨ Over 55% of 20 year old Gay/MSM remaining in SF until they are 60 will seroconvert.
  ⇨ Some subpopulations are even more impacted; over 80% of 20 year old African American Gay/MSM remaining in SF until they are 60 will seroconvert.
- Slide 32 – Most of the typical public health response to epidemics is not relevant to HIV.
- Slide 33 – Most of the positive impact of the public health's response to endemics is not available in response to HIV.
  ⇨ Structural intervention is one of the successful approaches available.
- Slide 36 – To say, "*The HIV Epidemic is over*" misses the point of what is going on; we need to find a way to trend toward eradication, by reducing incidence rates.
  ⇨ HIV in SF doesn't have to remain "*Endemic,*" it can be moved toward "*Eradication.*"

The attendees expressed their appreciation for Willi McFarland's presentation with applause.

Comments and Questions

Tracey Packer observed that this is appropriate to the Council's work preparing the next HIV prevention plan.

- In response to Steve Muchnick's question Willi McFarland explained that "*Bridge*" as used in his presentation refers to factors that transmit HIV from one population to another.
- Ken Pearce asked about the reliability of estimates of people with unknown serostatus, noting that the CDC says it is 25% and locally we estimate it to be 21%.
  - He also asked if we should expect that percent to go down with time if we are doing a good job getting people into testing.

- ⇨ Willi McFarland noted the paradox in "*how do we know those unknowns*," and that it is extremely difficult to know if it is going down; but that the various estimates are close enough to provide some sense of comfort in their reliability.
- ⇨ He added that more testing would certainly lead to a lower percent of unknown if new infections weren't taking place and if there was a way to halt importing people with unknown serostatus.

- Ken Pearce then asked how the estimates are determined.
  - ⇨ Willi McFarland explained that SF did a community sample with testing and found that 21% of those testing HIV+ said they didn't know it.
    - He added that the CDC and others use models based on a different methodology, that all methods have problems, and that it is somewhat remarkable that the estimates are so similar.
- William Bland observed that the differences between, "*Epidemic,*" and "*Endemic,*" has implication for the HPPC including continuing exploring structural interventions.
  - ⇨ He also suggested identifying the drivers in the mini-epidemics, including systemic issues like health disparity, homelessness, and substance use.
- John Newmeyer observed that there are limits to how precise the data can be, particularly as it is impossible to quantify immigration and emigration; which is a big factor in SF.
- Isela Gonzalez asked for Willi McFarland's recommendation regarding addressing women within the Behavioral Risk Population (BRP) structure of the Priority Setting Model.
  - ⇨ Willi McFarland said that he will be meeting with HPPC Committees on this topic.
  - ⇨ He added that the SFDPH follows the Council's lead in how to look at BRPs.
- Chandra Sivakumar said that the statistic about young people was very upsetting, and asked if the example of the 20 year old remaining in SF for forty years is an Epidemic.
  - ⇨ Willi McFarland said that this was the result of the SF HIV Endemic with a stable 1.9% seroconversion rate per year.
- Chandra Sivakumar then noted that young clients often say to him, "*Why bother, as I'll probably seroconvert at some point.*"
- Tracey Packer responded that it doesn't have to be that way; that the HPPC's work is to lower incidence rate so that a majority of 20 year olds don't seroconvert by the time they are 60.
- Weihaur Lau said that we would like to see a presentation of the epidemiology by ethnicity.
  - ⇨ Tracey Packer said that Willi McFarland will be back to present to the Council, perhaps as early as in January.

Participants again thanked Willi McFarland with applause.

8. <u>Summary, Evaluation, and Closure of Meeting</u>
   Tracey Packer reminded members to fill-out evaluation forms. She then thanked participants, professional staff, and consultants.

9. <u>Adjournment</u>
   The meeting adjourned at 6:01 PM.

Minutes prepared by David Weinman.
Minutes reviewed by Eileen Loughran, Israel Nieves, and Tracey Packer.

The next HPPC business meeting will be Thursday, December 13, 2007
at the Quaker Meeting House – 65 Ninth Avenue, San Francisco.

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